

**Cold Creek Group Booking Request Form**



**COLD CREEK CONSERVATION AREA  
TOWNSHIP OF KING**



**Contact Information:**

Organization Name: \_\_\_\_\_  
 Main Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Group Information:**

Date of Arrival: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
 Time of Arrival: \_\_\_\_\_ Age/Grade of Participants: \_\_\_\_\_  
 Time of Departure: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

**Additional Information:**

Is Lunch Required?  YES  NO Allergies: \_\_\_\_\_  
 Are there any students with Special Needs? Will any accommodations need to be made to enhance student participation?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Program Selection:**

Please check off the programs you would like to participate in:

Recreational Programs	Recreational Programs	Educational Programs	Educational Programs
High Ropes Course	Team Challenge Pod	Maple Syrup	Orienteering
Climbing Wall	Fencer's Feet	Our 5 Senses	GPS
Low Ropes Course	Team Balance	Animal Games	Ultimate Survival
Team Building	Team Beams	Junior Explorers	Historic King:
Archery	Team All Aboard	Nature's Art Class	Please indicate which program
Mountain Biking	Aerial Trust Dive	Map Masters	
Intro to Canoeing	Flying Squirrel	Diversity	
Snowshoeing		Pond Study	
Cross-country Skiing		River Study	

*When selecting the Team Challenge Pod please select 1 option*

Please note if any participants have one of the following medical conditions they are not permitted to participate in our High Ropes, Climbing wall, or team challenge pod programming, unless a medical note has been provided by their attending physician. The medical conditions include the following:

- Pregnancy
- Transplant recipient
- Atlantoxial Instability
- Abdominal Organ Enlargement
- Active Orthopedic Problem (recent or reoccurring problems affecting bones or joints)
- Cardiac Disease
- Any condition that a physician has determined creates a significant limitation for physical activity.