

Trip Coordinator's Checklist

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For your convenience, we have provided a list to help you make all the preparations for your trip. It is very important that these forms are submitted when due. Please take this into account when setting deadlines for your students and parents to turn their forms and information in to you.

As Soon as Possible

_____ **SEND THE CONTRACT** (pgs. 23-24) **AND DEPOSIT** to our office as soon as possible to reserve your dates.

_____ **ARRANGE BUS TRANSPORTATION** Please forward the directions in this packet (page 45) to your bus company or driver. Please plan for at least one chaperone to drive a personal vehicle so you will have emergency transportation on site during your stay.

_____ **INFORM STUDENTS AND PARENTS ABOUT THE TRIP.**

_____ **START RECRUITING CHAPERONES** One chaperone is needed per cabin group of 7. Please send out the **CHAPERONE LETTER** (pgs. 43-44) to all chaperones so that they are aware of their responsibilities.

_____ Contact us if you would like a **POWER POINT PRESENTATION** sent to you on CD or a staff person to visit your school for a parents' meeting, school assembly, etc.

_____ **START FUNDRAISING** or planning fund-raisers if that is part of how your school plans to fund the trip.

At Least 8 Weeks Before the Trip

_____ Complete and return a copy of the **CLASS SELECTIONS SHEET** on page 26 to choose classes and evening programs based on your goals for the trip.

_____ Complete the **GROUP INFORMATION FORMS** on pages 27-28 and send in to our office.

_____ Send students home with the **STUDENT LETTER** (pg. 37), **PARENT LETTER** (pg. 36), **CAMPER/CHAPERONE INFORMATION FORM** (pg. 29) and **PARTICIPANT RELEASE FORM** (pg. 25), or versions adapted to your needs. Start building anticipation about the trip. Set up a time table for the return of payments, forms and shirt orders.

At Least 4 Weeks Before the Trip

_____ Fax, call or email your **GUARANTEED MINIMUM ATTENDANCE NUMBERS** for students and adults. This is the minimum number of participants for which you will be charged, less a 10% decrease if necessary. Lodging is assigned based on the numbers of students and chaperones communicated to us at this time.

_____ Send in the **T-SHIRT/HOODIE ORDER FORM** (page 30). Orders received less than 4 weeks prior to the trip date may not be available for pick-up on site. Shipping charges will be billed accordingly.

_____ Prepare your students for the upcoming experience. Discuss the purpose of the trip as well as expectations, appropriate behavior and responsibilities. You may even want to do special units of study or conduct lessons or activities relative to the classes chosen.

At Least 2 Weeks Before the Trip

_____ If you are a private school or group, send the **CERTIFICATE OF INSURANCE** from your school or group's insurance company to our office. This is a common request and you can ask that your insurance company fax or email this directly to us.

_____ Please return the **CAMPER/CHAPERONE INFORMATION FORMS** to us at least 2 weeks before your stay only if allergies or concerns are noted.

_____ Assign students or chaperones to field, cabin and table groups. Many schools use the cabin assignments as table groups because they both accommodate 8 people. **GROUP ASSIGNMENT SHEETS** to help you do this begin on page 31. Please send copies of the **FIELD, TABLE AND CABIN GROUP FORMS** to our office 1-2 weeks before the trip.

_____ Collect and check **PARTICIPANT RELEASE FORMS** for completion. A release form is required for all River Ridge attendees (students, teachers, parents, etc.)

Day of the Trip

_____ Collect medications. Bring First Aid kit. **Groups are responsible for all first aid, emergency care and emergency transportation.**

_____ Confirm bus return time.

_____ Bring the completed **PARTICIPANT RELEASE FORMS**.

_____ Bring **FIELD, CABIN AND TABLE GROUP ASSIGNMENTS** for each of your adults.

_____ Bring a single check from the school made payable to John Knox Center for the balance of your trip.

_____ **RELAX AND HAVE A GREAT TIME!** Enjoy your time here and this experience with your kids!

River Ridge staff will welcome your group at the front parking lot. We will provide you with your trip schedule and help you get settled. **Participant Release Forms and payment check will be collected upon arrival.**

River Ridge Environmental Education Program
 John Knox Center
 591 W. Rockwood Ferry Rd.
 Ten Mile, TN 37880
 Office Phone: (865) 376-2236
 Fax: (865) 376-1719
 Email: riverridge@johnknoxcenter.org

Follow us on Facebook and Instagram: John Knox Center



River Ridge

Environmental Education Program

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CONTRACT

DATE _____ GRADE(S) _____

SCHOOL/GROUP NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON(S) _____

WORK PHONE _____ FAX NUMBER _____

CELL PHONE _____ E-MAIL _____

TRIP DATE(S) _____

PRICE PER STUDENT \$ _____ X NUMBER EXPECTED _____ = \$ _____

PRICE PER CHAPERONE (WITHIN THE 1:7 RATIO) _____ X NUMBER EXPECTED _____ = \$ _____

PRICE PER CHAPERONE (ABOVE THE 1:7 RATIO) _____ X NUMBER EXPECTED _____ = \$ _____

ADDITIONAL COSTS (T-SHIRTS, EXTRA MEALS, HOODIES OR CLASSES)

\$ _____ FOR T-SHIRTS (\$10 each) \$ _____ FOR HOODIES (\$25 each/\$35 for 2X)

\$ _____ FOR MEALS (\$6 each) \$ _____ FOR EXTRA CLASSES (\$5 per student per class)

\$ _____ FOR CAMPFIRE GOURMET, PIONEER DAYS AND PIONEER FAIR (ADDITIONAL \$2 PER STUDENT/PER CLASS)

ESTIMATED TOTAL COST \$ _____

(The number of students may be revised up to 4 weeks before the trip to River Ridge.)

DEPOSIT \$ _____ CHECK # _____

- **Overnight trips:** \$100 per day. (i.e. a 3 day/2 night trip deposit is \$300.)
- **Day trips:** \$100 per day.
- **Outreach:** \$2 per student, up to \$100.

Please remember the non-refundable deposit and signed contract are required to secure your dates and lock in your fees. Please send your contract via fax, email or mail as soon as possible. Balance of fees is due upon arrival.

Please make checks payable to: **John Knox Center**

Cancellations made less than 30 days in advance will result in the school being billed 50% of the estimated bill.

TERMS OF CONTRACT

John Knox Center - River Ridge Environmental Education Program

School/ Group Name: _____

1. PLEASE SIGN this Contract and return it with the deposit (which is applied to total amount due) to the John Knox Center office. Failure to do this may result in space being made available to another group. This agreement shall be binding when a copy bearing the signatures of both parties is filed in the center office.
2. ALTERATION of this Contract can only be made by written agreement of both parties. Please call or write if there is any need for a change.
3. GUARANTEED MINIMUM ATTENDANCE is based on (A) The number on this Contract or (B) The number agreed upon at least 4 weeks prior to the trip. Numbers of participants may vary by 10 %. Additional students are charged the usual fee. Over a 10% increase, please check with us first before adding participants. If the number of students attending drops below 10% of total committed, regular fees must be paid for the no-shows beyond the 10%.
4. REFUNDS - If misbehavior results in a decision to send a student home, the student receives no refund of fees.
5. CANCELLATION OF YOUR CONTRACT - Cancellation of trip will result in forfeiting the non-refundable deposit. Cancellations made less than 30 days in advance will result in the school being billed 50% of the estimated bill.
6. THE SIGNER AGREES to abide by the terms of this Contract and guidelines stated in the River Ridge Planning Guide. The Signer and/or Contact person accepts the responsibility of communicating this information to the participants and chaperones and will be responsible for the overall conduct of the group.
7. PAYMENT WILL BE MADE FOR DAMAGES to the property and/or equipment, beyond ordinary wear, caused by any member(s) of the guest group. Cabins, restrooms, grounds and other facilities are inspected at the close of the event.
8. THE SIGNER AGREES THAT SUPERVISION of group members is the responsibility of the guest group..
9. GUESTS of the John Knox Center facilities agree that they will not use the premises for any unlawful purposes, and will obey all laws, rules and regulations of all governmental authorities while using the premises. User agrees to abide by any rules or regulations for the use of the premises that are included in this agreement. User promises and warrants that it carries liability insurance with a minimum liability occurrence limit of \$1,000,000 and \$5,000 medical payments per person. The user will provide a certificate of insurance to us at least seven days prior to the date of arrival.
10. THE CENTER RESERVES THE RIGHT to remove from the facility any unauthorized person (s) as well as those who create a disturbance or who otherwise are not willing to abide by the terms of this Contract, the Planning Guide guidelines and/or directions of Center staff.
11. IF AN ACCIDENT OCCURS, it shall be reported to a Center Staff person immediately. Insurance protection is the responsibility of the individual and/or the sponsoring Guest Group. **All First Aid, emergency care, and emergency transportation are the responsibility of the guest group.**
12. TERMINATION of this contract by the Center may take place at any time without any liability to the guest, should, in the sole opinion of the Center, the facilities be destroyed by fire or other cause, or be so damaged that the facility would not be usable; or requirements of Fire Marshall, Health Dept. or any Federal, State or local body impose undue requirements of hardship upon the Center to continue its operation. If termination occurs, the Center has no obligation to the guest group, except to refund the deposit. Termination of the contract and trip due to weather is at the sole discretion of the John Knox Center Executive Director.
13. THE SIGNER HEREBY AGREES to indemnify and hold the Center free and harmless from any and all losses, damages, claims, demands, liabilities, causes of action or judgments, costs or expenses (including attorney's fees), of every nature for injuries to persons, property, or either or both, occurring in or about or in any way connected with the Center or its use by the Guest Group. The signer also agrees that any photographs taken of guests may be used for publicity or publication (both printed and electronic) unless the Center receives a written request for exemption. The use of the River Ridge and/or John Knox Center name (with exception to communicating event location), logo, or other insignia may not be used in print, digital, or other media, without the expressed written permission of the Executive Director of the John Knox Center.

SIGNATURE: _____ DATE _____
School/Guest Group Representative

SIGNATURE: _____ DATE _____
John Knox Center Representative



Participant Release John Knox Center River Ridge Program

All River Ridge attendees (students, teachers, parents, etc.) must submit a Participant Release form.

Name of Participant _____ Adult _____ Youth _____

School Name _____ Teacher _____

Home Phone (____) _____ Cell (____) _____ Email _____

Home Street Address _____ City _____ Zip Code _____

Emergency Contact (s) _____ Phone (____) _____

Activity Level: By signing below, I understand that I, my child, or my ward are able to physically participate in all activities that may be deemed strenuous.

..... **Complete the box below if registering a minor**

Parent / Guardian Names) _____		Relationship to Child _____	
Mailing Address (if differs from above) _____			
Home Phone (____) _____	Work Phone (____) _____	Cell (____) _____	
Guardian's Email Address _____			
Child's Birth Date _____	Age _____	Current Grade _____	

I hereby give my permission to the Presbytery of East Tennessee/John Knox Center for me or my minor, child or ward (collectively "minor") to participate in all activities and further agree to the terms herein contained. On behalf of my minor and/or myself, to participate in John Knox Center (hereinafter collectively referred to as JKC/ PET) activities and to use its equipment and facilities, I agree to release, indemnify, hold harmless, and covenant not to sue JKC/PET, its employees, agents or volunteers for any and all liability, claims, demands, or causes of action which may be brought by myself, my minor, or on behalf of either of us, and which are in any way connected with such use or participation by my minor or myself, whether caused by the negligence of JKC/PET, its employees, agents, or volunteers, or otherwise. I acknowledge that myself or my minor's participation in individual and group initiatives, problem solving exercises, high ropes elements, and personal growth and development training activities entails known, perceived, and unanticipated risks that could result in serious physical or emotional injury, permanent disability, or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity and I expressly accept and assume on behalf of myself and/or my minor all the risks existing in these activities.

I authorize JKC/PET personnel to call for medical care or to transport myself or my minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I agree to pay all costs associated with such medical care and transportation. I understand that every guest at the John Knox Center site is covered by secondary insurance, with the participant's insurance being the primary party in claims situations. I also agree to comply JKC/PET rules and policies and to cooperate with JKC/PET personnel. I understand and agree that if myself or my minor fail to comply with the rules and policies, s/he may be asked to leave the event at the parent or legal guardian's expense, with no refund given for the paid cost of the event. I hereby represent that myself and/or my minor is in good health, that I have identified all medical conditions applicable to participation, and that I have adequately informed JKC/PET personnel of any special instructions. I certify that I have adequate insurance to cover any injury or damage my minor or I may suffer while participating, or I agree to bear the costs of such injury or damage myself. I give my permission to allow JKC/PET to use my likeness and/or my minor's in photos and videos in any form of media for publicity and reporting purposes (print, digital, online, etc.). I agree that this release, waiver, and indemnity and other terms herein are intended to be as broad and inclusive as permitted by the law of the State of Tennessee and if any portion is invalid, the remainder shall continue in force.

I have read the above and acknowledge the information stated on this form is complete and correct. By signing or typing my name below, I agree that this wet inked or electronic signature is valid. I understand that an electronic signature is *legally binding* in Tennessee.

Adult Participant/ Parent / Guardian Signature

Date

Class Selections

****Please copy and return this sheet at least 8 weeks before your trip. Thank you!****²⁶

School: _____

Trip Dates: _____ Group Contact _____

Please refer to the class descriptions on pgs. 7 - 15 to help you select programming that fits your needs. Both day classes and evening programs are listed on this page. You will need to mark the number of class sessions and evening programs that correspond to the type and length of your trip.

- **Day Trip Group, choose the following:**
1 day trip: choose **up to 4** class sessions (time permitting)
- **Residential (overnight) program choose the following:**
2 day trip choose **up to 5** day classes (time permitting) and 1 evening program
3 day trip choose 7 day classes and 2 evening programs
4 day trip choose 11 day classes and 3 evening programs
5 day trip choose 15 day classes and 4 evening programs



Academic Classes

- _____ † **Amazing Animals** (*Animal Adaptations*)
- _____ **Critter Scene Investigation** (*Animal Signs*)
- _____ **Get Your Bearings** (*Orienteering-Compass*)
- _____ † **In Cold Blood** (*Reptiles & Amphibians*)
- _____ **Into the Woods**
(*Forest Ecology Nature Hike*)
- _____ **Discovery Hike**
(*A 2 session, 3 hour version of Into the Woods*)
- _____ **Lake Life** (*Aquatic Ecology*)
- _____ **Native Ways** (*Native American Life*)
- _____ *† **Pioneer Days** (*Early American Life*)
- _____ **Rotten to the Core** (*Fungi*)
- _____ **Six-legged Friends** (*Insects*)
- _____ **Something's Fishy** (*Fish Ecology and Fishing*)

Recreation Classes

- _____ † **On Target** (*Archery*)
- _____ † **Paddle Pushers 1** (*1 session—1.5 hours*)
- _____ † **Paddle Pushers 2** (*2 sessions—3 hours*
6th grade and up)
- _____ *† **Campfire Gourmet** (*Campfire Cooking*)

Evening Classes

- _____ **Challenge Night** (*Team Building*)
- _____ **Dutch Auction** (*Game Show Extravaganza*)
- _____ **Game Night** (*High Energy Games*)
- _____ **Night Hike**
(*Nocturnal Animals, Sounds, Discoveries*)
- _____ *† **Pioneer Fair** (*Early American Life*)
- _____ † **Songs, Sparks & Stories** (*Campfire Program*)

Team Building Classes

- _____ † **Challenge Course 1** (*1 session—1.5 hours*)
- _____ † **Challenge Course 2** (*2 sessions—3 hours*)
- _____ † **Challenge Course 3** (*3 sessions—4.5 hours*)
- _____ † **High Ropes 1** (*1 element—1.5 hours*)
- _____ † **High Ropes 2** (*2 elements—3 hours*)
- _____ † **High Ropes 3** (*3 elements—4.5 hours*)
- _____ † **Flying Squirrel** (*1 session—1.5 hours*)
- _____ † **Equipped to Survive** (*Survival Skills*)
- _____ **Amazing Race** (*Scavenger Hunt*)



***Additional \$2 materials fee per student**

**†Classes are available with faith-based component
(Please specify if you would like faith-based classes)**

Group Information Form

In order to help us prepare for your group, please copy, complete and return this form with the class selections and evening program choices sheet at least eight weeks before your trip

School Name: _____ Grade(s) _____

Address: _____

School/Organization Phone Number _____ Fax Number _____

Trip Coordinator: _____ E-mail: _____

Best time/number to contact: _____ Cell Phone: _____

Home phone: _____ Work Phone: _____

Approximate number of students: _____ Girls _____ Boys

Approximate number of adults: _____ Women _____ Men

Lodging accommodations preferred? (A, B, C Cabins or Dorm) _____

All efforts will be made to honor accommodation requests.

What kind of cabin leadership have you planned for this trip?

_____ Teachers _____ Parents Other (please specify) _____

Please check if your group will be arriving by BUS _____ or PRIVATE VEHICLES: _____

Group's Arrival Time: Day _____ Date _____ Time _____

Group's Departure Time: Day _____ Date _____ Time _____

Suggested arrival time for day groups is 9 am. Suggested arrival time for overnight groups is 10:30 am.

Overnight groups please select your lunch arrangements for the last day of your trip.:

_____ Lunch at River Ridge (Additional \$6 per person, fee only applies if your trip is 2 or more nights)

_____ Taking sack lunches on the bus provided by River Ridge. (Additional \$6 per lunch)

_____ We have other lunch plans.

Day groups please select your lunch arrangements:

_____ We are bringing a sack lunch from home

_____ We would like a sack lunch provided by River Ridge (Additional \$6 per lunch)

Will your school be placing a t-shirt or hoodie order?

(Send order at least 4 weeks before trip to ensure on site pick-up) _____ Yes _____ No

How will the students be grouped for classes for this trip?

_____ mixed academic levels _____ separate academic levels

Are there any serious issues we need to know about in your group, i.e. mobility issues, physical challenges, behavioral issues, serious medical conditions, etc.? If so, please explain and let us know what field group the student is in.

Group Information Form

Do you know of any students who will have birthdays during the trip? If so, list below:

What is the academic profile of your students (are they achievers, need motivating, etc.?)

What experience have your students had with the outdoors, environmental education, or field trips?

What other information should we know about your students before they arrive? Please be specific and describe your students' behavior and approach to learning.

By prioritizing the following goals, you will assist our staff in preparing for your program. Please number, in order, those goals which apply. (1 = most important)

- We want students to practice science and nature in the field.
- We want to develop a deeper understanding of ecology and environmental issues.
- We want students to learn to work together better.
- We want to work on problem solving\critical thinking skills.
- We want students to increase their sense of self-esteem.
- We want to motivate students and get them more excited about learning.
- We want to strengthen bonds of friendship, trust and mutual respect between students and between teachers and students.
- We want a recreational program for students to "get away from school" and have fun in the outdoors.
- Other goals not listed, please specify: _____

Allergy/Medical Information Form for Campers & Chaperones

We want everyone to have a safe and successful experience at River Ridge. Please provide us with information regarding the items below so our staff can be fully aware and prepared to accommodate your needs. Please fill out this form and return it to your child's teacher.

Camper/Chaperone: _____ School: _____

Parent or guardian name(s): _____

Contact information: _____

Environmental Allergies: Severe or life threatening environmental allergies, i.e. bee stings, asthma, etc. Epi-pens, inhalers, etc. should be sent for your child in accordance with the school's medication policy.

Allergy	Severity	Reaction	Additional Information

Medical Concerns: Serious medical concerns such as mobility issues, physical disabilities, seizures, diabetes, etc.

Medical Concern	Severity	Additional Information

Behavioral Concerns: Any behavioral concerns including sensory or emotional triggers that may heighten behavioral issues or fears. If these concerns may be an issue, please share with us successful tips for handling difficult situations that may arise.

Behavioral Concern	Severity	Additional Information

Food Allergies/Special Dietary Requirements or Restrictions: With adequate notification (**at least 2 weeks**) we can accommodate the following food allergies (peanuts/tree nuts, wheat, soy, milk & eggs) and special diets (vegetarian, gluten free, dairy free and foods restricted due to religious reasons). Participants with diets beyond those listed may be allowed to bring supplemental food.

Food Allergy or Special Diet	Allergy Severity Mild/Moderate/Severe	Type of Exposure Ingested, Inhaled, Etc.	Ok as ingredient?	Additional Information

T-Shirt and Hoodie Order Form

T-SHIRTS:

We cannot guarantee all shirt designs will be the same for all participants in your group.

T-SHIRT PRICING:

Overnight Groups

Student and chaperone t-shirts are included in the student or chaperone fee.
The 2 free teachers get a t-shirt free.

Day Groups

All participants: \$10.00 per shirt



HOODIES:

Hoodies with a kangaroo pocket are available for order and are made with high quality cotton. They are ASH GRAY in color with the River Ridge heron logo printed in dark green on the front.

HOODIE PRICING:

\$ 25.00 - Small - Extra Large
\$ 30.00 - XX Large

ALL SHIRTS AND HOODIES COME IN ADULT SIZES ONLY. T-shirt and Hoodie orders must be received at least 4 weeks prior to your trip to ensure on site pick-up.

Group Name: _____

Group Contact: _____

Trip Dates: _____

	Adult S	Adult M	Adult L	Adult XL	Adult XXL
T-shirts included in the overnight fee					
Additional t-shirts (\$10.00)					
Total number of t-shirts					
Total number of hoodies					

Field, Cabin and Table Groups

Field Groups

Please assign **15 students to each field group**, or as close to 15 as possible. (No less than 12.) We recommend that the field groups be of mixed gender and academic abilities. Students who cause problems when together should be assigned to different groups. We have also found that best friends learn better when separated. Field groups will attend all classes together. Assign at least one chaperone to each field group. If you have more chaperones than field groups, chaperones may double up or rotate to get a break.

Table Groups

Assign your students to sit at assigned tables for meals. Please make a list of table groups. Each table seats **8 people**, at least one of which must be an adult. Cabin groups can stay together to be table groups. This is actually very convenient and less confusing.

Cabin Groups

We have 15 winterized & air conditioned cabins that sleep **8 people** each. Please place students into cabin groups with one adult chaperone. We also have the Dorm with 6 rooms that sleep 4 in each room. The following chart shows how many chaperones you will need for the number of students attending (1 chaperone per 7 students).

# Students	# Chaperones	Total # (Plus 1 or 2 depending on Male / Female ratios)
6 - 7	1	7 - 8
8 - 14	2	10 - 16
15 - 21	3	18 - 24
22 - 28	4	26 - 32
29 - 35	5	34 - 40
36 - 42	6	42 - 48
43 - 49	7	50 - 56
50 - 56	8	58 - 64
57 - 63	9	66 - 72
64 - 70	10	74 - 80
71 - 77	11	82 - 88
78 - 84	12	90 - 96
85 - 91	13	98 - 104
92 - 98	14	106 - 112
99 - 105	15	114 - 120
106-112	16	122 - 128
113-119	17	130 - 136
120-126	18	138 - 144

Field Groups

Group 1

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 2

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 3

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 4

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 5

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 6

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 7

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 8

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Group 9

Chaperone(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

CABIN ASSIGNMENTS

Once you receive cabin assignments from our office, please use this form to assign your students and chaperones to overnight accommodations.

A UNIT

Cabins with heat and air, bathhouse nearby

Cabin A1

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin A2

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin A3

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin A4

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin A5

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

B UNIT

Newly renovated cabins with bathrooms

Cabin B1 (Accessible)

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin B2 (Accessible)

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin B3

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin B4

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin B5

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

CABIN ASSIGNMENTS

C UNIT

The bathrooms for cabins C1-3 are in the nearby dorm.
Cabins C4 & C5 each have bathrooms.

Cabin C1

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin C2

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin C3

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin C4 (w/bath)

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Cabin C5 (w/bath)

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

DORM

The Dorm sleeps 24 total in 6 rooms with a common gathering area. Each room has a bathroom.

Room 1 (Accessible)

- 1.
- 2.
- 3.
- 4.

Room 2

- 1.
- 2.
- 3.
- 4.

Room 3

- 1.
- 2.
- 3.
- 4.

Room 4

- 1.
- 2.
- 3.
- 4.

Room 5

- 1.
- 2.
- 3.
- 4.

Room 6 (Accessible)

- 1.
- 2.
- 3.
- 4.

Chaperones for the Dorm:

Table Groups

Each table seats 8 people, one must be an adult. Many schools find it convenient to assign table groups based on their cabin groups.

Table 1

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 2

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 3

- 1.(Chaperone) _____
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
-

Table 4

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 5

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 6

1. (Chaperone) _____
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
-

Table 7

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 8

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 9

1. (Chaperone) _____
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
-

Table 10

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 11

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 12

1. (Chaperone) _____
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
-

Table 13

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 14

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Table 15

1. (Chaperone) _____
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.