

New School or Program Inquiry Form

Date: _____

School or Group Name: _____

Private or Public School or Group: _____

Address: _____

Phone: _____

Fax #: _____

E-mail: _____

Contact Person: _____

Title: _____

Age Group/Grade: _____

Length of Stay: _____

Requested Season and/or Dates: _____

Is there flexibility in dates scheduling? _____

Type of Experience desired:

Outdoor Education

Adventure

Conference Center

Chesapeake Heritage Initiative

Other

_____ 3-5 day _____ 1 Day

Program Goals and Interests: _____

Call taken by: _____

Date Info Sent: _____

By whom: _____