

**Meal, Lodging, and Group Information Form-**  
**Due two weeks prior to your arrival**

Home-cooked meals are served family style in Cowles Lodge. It is very important that you notify us of special dietary concerns of your group in the space provided at the bottom of this form. Refer to your contract for the number of meals provided. S'mores are provided at the campfire on the second night for no additional charge. *This electronic form can be e-mailed to lgreenwald@duneslearningcenter.org.*

**Name of School:** \_\_\_\_\_ **Grade Level(s):** \_\_\_\_\_

**Program Dates** (refer to contract for scheduled dates and times):

**Arrival Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Name of Lead Teacher(s):** \_\_\_\_\_

**Participant Numbers:**

**Boys** \_\_\_\_\_ **Girls** \_\_\_\_\_ **Men** \_\_\_\_\_ **Women** \_\_\_\_\_ **Total** \_\_\_\_\_

**Number of Cabins:** (Please see your contract for this)- The number of cabin is determined by gender and the original contracted numbers. There are eight individuals per cabin. One adult chaperone is required for each cabin. If your actual numbers are different from the contract, please notify us immediately.

**Number of Trail Groups:** (Please see contract for this)  
 The number of trail groups is determined by the original contracted numbers. We strive for groups of 12-14 students. If your actual numbers are different from the contract, please notify us immediately.

**Please provide the number of *extra* people at each meal (meals are assumed for the total listed above. If there is a need for extra meals (e.g. for a visiting administrator, parent, etc.) please indicate this information below. Note there will be an additional charge for extra meals.**

	Day 1	Day 2	Day 3	Day 4	Day 5
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					

**Will anyone be celebrating a birthday during your stay?** Please provide names and dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe any physical restrictions:** i.e., physically challenges, hearing and visual impairments, severe allergies etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Meal, Lodging, and Group Information Form (Page 2 of 2)

---

**Dietary Restrictions:** (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restrictions or requirements). Please provide exact numbers so that our kitchen can properly prepare. Please note that parents should complete a "Participant Dietary Restrictions" form and mail, e-mail or fax directly to our office

---

---

---

---

**Please describe any learning/behavioral disabilities and or characteristics your students may have:** i.e., gifted and talented, learning disabilities, other behavioral issues.

---

---

---

---

**What are your objectives for bringing the group to Dunes Learning Center?**

---

**How are you preparing your students for the trip to Dunes Learning Center?**

---

**Has anyone in your group attended other programs at Dunes Learning Center?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_