

**YMCA Willson
Outdoor Education
2010-2011 Reservation Requests**

Name of School: _____	Date Received in OE Office _____
Contact Person: _____	Today's Date: _____
School address: _____	Grade Level: _____
City/St / Zip Code: _____	Phone: _____
Fax _____	E mail _____
Month Attended in 2008-09 _____	2009-10 _____
Preferred season 2010-2011 _____	Horse rides: (Y / N) T-shirts: (Y / N)
Minimum number of students per visit: _____	Maximum number students: _____
Circle length of stay: 2day/1night, 3day/2nights, 4day/3nights, 5day/4nights, other _____	

We ask that you rotate seasons and days of the week - for example: over a three year period, attend in the beginning of the week and the end of the week as well as attending in fall, winter, and spring. Thank you for your flexibility in building our schedule.

Please list THREE dates in each season. Star (*) your preferred choice for each season. Use the extra space if needed.

Fall: September 7– November 19, 2010

1. _____
2. _____
3. _____

Winter: November 22, 2010 – March 22, 2011

1. _____
2. _____
3. _____

Spring: March 28 – June 3, 2011

1. _____
2. _____
3. _____

We are not able to attend on the following days: _____

Note: Please check your school calendar for teacher in service, parent/teacher meetings, standards testing, and other dates related specifically to your school or district: (COTA, WOEА)

Return completed form to:
Ph. 1-800-423-0427
Fax (937) 593-6194

YMCA Camp Willson
2732 County Road 11
Bellefontaine, Ohio 43311

Kori Keck, Outdoor Education Director **E-mail: OE@ymcacampwillson.org**
Please return this form **by February 26, 2010**. Thank you.