

**YMCA Willson
Outdoor Education
2009-2010 Reservations**

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 2007-08 _____	2008-09 _____
Preferred season 2009-2010 _____	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 three years attend in fall, winter, and spring with both the beginning and ending of the week. Thank you for your flexibility in building our schedule.

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

Fall: September 8– November 13, 2009

1. _____
2. _____
3. _____

Winter: November 16, 2009 – March 26, 2010

1. _____
2. _____
3. _____

Spring: March 29 – June 4, 2010

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, WOEAE)

**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 March 17, 2009**. Thank you.