



# Educational Booking Form

## Contact

Taken by

Date Called

School/Organization  Contact Persons

Billing Address  City  State  Zip

Shipping Address  City  State  Zip

Phone  Cell  Fax

Email

Grade

Number of Classes  Student Count Per Class  Total Student Count  Chaperone Count

## Overnight

Overnights  Yes  No Number of Nights

Check IN Date  Check In Time

Check OUT Date  Check Out Time

## Programming

Activity  Teacher  Student Count

Date  Time

Activity  Teacher  Student Count

Date  Time

Activity  Teacher  Student Count

Date  Time

Activity  Teacher  Student Count

Date  Time

Activity  Teacher  Student Count

Date  Time

|          |                      |         |                      |               |                      |
|----------|----------------------|---------|----------------------|---------------|----------------------|
| Activity | <input type="text"/> | Teacher | <input type="text"/> | Student Count | <input type="text"/> |
| Date     | <input type="text"/> | Time    | <input type="text"/> |               |                      |
| Activity | <input type="text"/> | Teacher | <input type="text"/> | Student Count | <input type="text"/> |
| Date     | <input type="text"/> | Time    | <input type="text"/> |               |                      |
| Activity | <input type="text"/> | Teacher | <input type="text"/> | Student Count | <input type="text"/> |
| Date     | <input type="text"/> | Time    | <input type="text"/> |               |                      |
| Activity | <input type="text"/> | Teacher | <input type="text"/> | Student Count | <input type="text"/> |
| Date     | <input type="text"/> | Time    | <input type="text"/> |               |                      |

Student accommodations

**Kitchen & Eating Area**

|      |                      |      |                      |                                  |                                      |
|------|----------------------|------|----------------------|----------------------------------|--------------------------------------|
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |
| Date | <input type="text"/> | Meal | <input type="text"/> | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Eating Area |

**Notes**

Confirmation Sent     
  Educational Materials Sent     
  Invoice Sent