



OCDSB OUTDOOR EDUCATION CENTRES
WEEKDAY BOOKING REQUEST FORM
THIS FORM IS TO BE USED FOR BOOKINGS AT
BOTH BILL MASON AND MACSKIMMING

PLEASE SELECT: BILL MASON CENTRE (Dunrobin) MACSKIMMING (Cumberland)

Is this your grade 3 or 7 Every Student Attends Visit? Y N

Group Contact (name and title) _____

School/Organization _____ Board: _____

Address: (if not OCDSB) _____ Phone Number: _____

_____ Fax Number: _____

_____ email address: _____

Program Request

Preferred Date: _____ Alternate Date: _____ Arrival time: _____ Departure time: _____

Class 1	Teacher:		
	No. of Students:	Grade:	Program:
Class 2	Teacher:		
	No. of Students:	Grade:	Program:
Class 3	Teacher:		
	No. of Students:	Grade:	Program:
Class 4	Teacher:		
	No. of Students:	Grade:	Program:

Are any students bringing: Epi-pens? ____ Inhalers? ____ Medications? ____ Other? _____

Please specify student allergies: _____

Special Health and/or Learning Needs: _____

Day-trip Meal Arrangements: You are bringing food for a cookout lunch ____ Students are bringing bag lunches _____

Overnight Arrangements – MACSKIMMING ONLY: Preferred overnight site: Trail's End ____ Pioneer Village ____

Are you preparing your own food, or arranging for catered meals? _____

Contact Information: An Instructor will contact you prior to your visit to review your program details.

Your preferred means of communication is email: _____ phone: _____ What is the best time of day to reach you? _____

IMPORTANT INFORMATION - PLEASE NOTE:

- All completed booking request forms should be faxed to (613) 833-0770
- OCDSB groups, please send the outstanding balance owing to MacSkimming by Board mail
- Non-OCDSB groups, please mail outstanding balance owing to the address below
- Cheques should be made payable to either MacSkimming Outdoor Education Centre or The Bill Mason Centre depending on the site visiting
- All tentative bookings are secured with the receipt of a 25% non-refundable deposit
- **Cancellations or reductions in number of groups made less than 14 calendar days prior to program date will be charged 100% of the original amount invoiced**

Signature of group contact: _____ Date: _____