UPHAM WOODS 4-H ENVIRONMENTAL EDUCATION CENTER
Program Coordinator – Information Request Form

We would like you to have a great experience at Upham Woods. Please **RETURN THIS FORM AT LEAST 30 DAYS BEFORE YOUR VISIT.** If you have any questions, please call the Outreach Educator at 608, 254-6461, ext. 209 or email at uphamoutreach@verizon.net.

Name of group:_____Grade: _____

Person in charge of Program: _____

Telephone: Day ( ) _____ Evening: ( ) _____

Address: _____

_____

Email: :_____Fax: _____

Numbers: Men: _____ Women:_____ Boys: _____ Girls: _____ Total: _____
(There must be at least **1 adult per 10 youth** (HFS 175.13-1)

Arrival Time: Day: _____ Date: _____ Time: _____

Departure Time: Day: _____ Date: _____ Time: _____

Name of First Aid Person for Group: _____ (HFS 175.14-5b3)

Cabin Use: Please √ the cabins you plan to use. The number in ( ) indicates the number of beds

Ihlenfeldt (32) ___ Craig (26) ___ Bewick (28) ___ Bible (14) ___ Ranger Mac (14) ___ Varney (32) ___

Dorm Use: Please indicate the number of rooms you would like to use (rooms have 4 beds)

1st Floor (usually males) _____ 2nd Floor (usually females) _____ Request Linens: ___ yes ___no

PROGRAM SCHEDULE

1. Please indicate any specific educational objectives or general themes you have for your visit:

2. Please list any medical conditions or special needs needing special accommodations:

3. Please attach a detailed daily schedule or use the blank schedule on back of page. Please clearly indicate on your schedule which programs you are requesting Upham Woods staff to lead and the number of youth taking part in these programs.

RECREATIONAL/AUDIO-VISUAL EQUIPMENT

Upham Woods has a variety of recreational and audio-visual equipment available for your use. Circle each requested item, and indicate in the appropriate column when and where you would like the equipment.

Recreational equipment	When	A/V equipment	When/Where
Ice Skates (25)	_____	Video Projector (1)	_____
Toboggans (2)	_____	Slide projector (1)	_____
Cross Country Skis (25)	_____	Overhead (2)	_____
Archery (6 bows-25 arrows)	_____	Easels (2)	_____
Volleyballs	_____	Screen (3)	_____
Basketballs	_____	VCR/TV/DVD (3)	_____
Softballs/bats	_____	CD sound system (2)	_____

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Please attach a daily schedule or list your complete schedule below. Indicating what activities you wish our staff to lead and the number of youth taking part in each of these activities. You may **schedule** up to **3 Upham staff** if you are the only visiting group. Please schedule **no more than 1½ hours per naturalist** for programs between 6-10 pm. For the low ropes challenge course (Peanut Butter Mtn), groups should be no larger than 15 youth per facilitator. Please refer to the most current Program Guide for other specific program guidelines.

	Date:	Date:	Date:	Date:	Date:
7:00 am					
7:30 am					
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9:30 pm					
10:00 pm					

We are looking forward to your visit! Please feel free to contact our Outreach Educator with any questions, comments, or requests you might have. We'll see you in the woods!

Please mail this form to: Upham Woods 4-H EE Center
N194 County Rd N.
Wisconsin Dells, WI 53965

Telephone: 608-254-6461
Fax: 608-253-7140