

UPHAM WOODS OUTDOOR LEARNING CENTER

Program Coordination Information Form

RETURN THIS FORM AT LEAST 30 DAYS BEFORE YOUR VISIT to avoid late form fees

We would like you to have a great experience at Upham Woods. If you have any questions, please call the Outreach Educator at 608, 254-6461, ext. 209 or email at: uphamwoods@verizon.net.

Name of group: _____ Camper Grade: _____

Person in charge of Program: _____

Telephone: Day () _____ Evening: () _____

Address: _____

Email: _____ Fax: _____

Numbers: Men: _____ Women: _____ Boys: _____ Girls: _____ Total: _____
(Your group must provide at least **1 adult per 10 youth** (HFS 175.13-1) (Maximum Group size = 150)

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 (28) ___ Bewick (28) ___ Bible (16) ___ Ranger Mac (14) ___ Varney (32) ___

Dorm Use: Please indicate the number of rooms you would like to use. There are 13 rooms with 4 beds per room.

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.

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

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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. Effective, June 1, 2009, you may **schedule up to 3 Upham staff** if you are the only visiting group and your group size is 60 or over. Please schedule **no more than 1½ hours per naturalist** for programs between 6-9 pm (9:30 pm in summer). Please refer to the most current Program Guide for other specific program guidelines.

NOTE: Meal times are at 7:30 am or 8 am / noon / 5:30 pm with the following exception:
Your first and last meal may vary by 30 minutes before or after these times to accommodate arrivals and departures.

Date:	Date:	Date:	Date:	Date:
7:00 am				
7:30 am				
8:00 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 at the WOODS!

Please mail this form to: Upham Woods Outdoor Learning Center
N194 County Rd N.
Wisconsin Dells, WI 53965

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