

MICHINDOH OUTDOOR EDUCATION SCHOOL INFORMATION WORKSHEET

School _____ Grade Attending: _____

Lead Teacher _____ Cell Number: _____

Email: _____

Week Attending Camp _____

Teachers Attending Camp:

Special Teacher/School Staff Arrangements:

Total Number of:

Teachers	Students	Cabin Leaders
Male:	Male:	Male:
Female:	Female:	Female:
Total:	Total:	Total:

Cabin Leaders: Please check all that apply

_____ Parents _____ Teachers _____ College _____ High School

Special Health Concerns/Major Food Allergies:

Afternoon Activity Preferences:

Arrival Time: _____ Departure Time: _____

Cabin Leader Arrival Time: _____

Birthdays:

CLASS CHOICES: Please CIRCLE your choices

5 Day Program: 14 hrs / **4 Day Program:** 10 hrs / **3 Day Program:** 8 hrs

*if you have **Skit Night**, Drama class is required

Aquatic Life (1hr) Fishing (1hr)
Archery (1hr) LCC (1 hr)
Canoeing (1hr) Michigan Settlers (2hrs)
Challenge (1hr) Mission Possible (1hr)
Climbing Wall (1hr) OLS (2hrs)
Creepy (1hr) Reptiles & Amphibians (1hr)
Drama (1hr) Tie Dye (1hr)
Ecosystems (1hr) Wild Edibles (1hr)
Fantastic Fish (1hr)
Pioneer Crafts Fair & Living History (2hrs)

EVENING PROGRAM CHOICES: Please CIRCLE your choices

Evening	Available Activity
Monday: (select 2)	Campfire Relays Gold Rush* Night Hike*
Tuesday: (select 2)	Wacky Olympics Dutch Auction Nature Charades Wolf Pack*
Wednesday:	Skit Night
Thursday:	Square Dance

*activity is seasonal

Classes & Evening Programs are subject to change based on Weather