

\*This form should only be filled out by groups that have confirmed trip dates from the Outdoor Education Director. If you do not have trip dates, please submit an Outdoor Education Booking Request from our website, campunahliya.org, or call 715-276-7116.

## YMCA Camp U-Nah-Li-Ya Outdoor Education Provision of Services Requisition

School/Group name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: (        ) \_\_\_\_\_ FAX: (        ) \_\_\_\_\_

Group Coordinator: \_\_\_\_\_ Home/cell phone: (        ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Number of years school/group has attended U-Nah-Li-Ya's OEE program: \_\_\_\_\_

Arrival at U-Nah-Li-Ya: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure from U-Nah-Li-Ya: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Grade(s) of students attending: \_\_\_\_\_

Number of students attending: total: \_\_\_\_\_ (Male: \_\_\_\_\_ Female: \_\_\_\_\_)

Number of school staff attending: total: \_\_\_\_\_ (Male: \_\_\_\_\_ Female: \_\_\_\_\_)

Number of parent chaperones attending: total: \_\_\_\_\_ (Male: \_\_\_\_\_ Female: \_\_\_\_\_)

Total group number attending: total: \_\_\_\_\_ (Male: \_\_\_\_\_ Female: \_\_\_\_\_)

Would you like the Camp Store to be opened during your visit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Would you like the *Gizmo Game?* (please choose one) Students only: \_\_\_\_ | ALL: \_\_\_\_ | No: \_\_\_\_

Pre-meal reflection (Please choose one): Camp grace: \_\_\_\_ | Moment of Silence: \_\_\_\_ | None: \_\_\_\_

Moment of gratitude \_\_\_\_ (this is a non-religious moment to have the students think about something they are grateful for or something that has made them happy. Research shows the more times a day a person thinks about what makes them happy or is truly grateful for something, their mood improves.)

How many meals will you be requesting through U-Nah-Li-Ya? \_\_\_\_\_

Will you be providing any meals on your own? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, when? \_\_\_\_\_

Do you know of any Special Diet need within your group that we should be aware of?

(This includes, allergies, medical diets, or life style choices such as vegetarian)

\_\_\_\_\_  
\_\_\_\_\_

Will anyone have a Birthday during your stay at U-Nah-Li-Ya? (Students or Chaperones)

Please list name and day

Name \_\_\_\_\_ Day \_\_\_\_\_ | Name \_\_\_\_\_ Day \_\_\_\_\_

Number of class group? (Class sizes is about 20 students) \_\_\_\_\_

What are the names of your groups (e.g. Eagles, Stars, Packers, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Please list your class requests (full instruction by U-Nah-Li-Ya's OEE staff):

*\*Please list two alternative classes as a back-up.*

\_\_\_\_\_  
\_\_\_\_\_ A \_\_\_\_\_  
\_\_\_\_\_ A \_\_\_\_\_

Do you have a goal or focus for your students that you would like us to help reinforce?

\_\_\_\_\_

Will you be instructing any classes on your own? Yes: \_\_\_ No: \_\_\_ If so, what are they?

\_\_\_\_\_

Will your students have a journal or an assignment that we should be aware of?

\_\_\_\_\_

Please list your Evening Activity requests (Led by U-Nah-Li-Ya's OEE staff):

First Night: \_\_\_\_\_ Wrap-up activity? \_\_\_\_\_

Second Night: \_\_\_\_\_ Wrap-up activity? \_\_\_\_\_

Will you be leading any Evening Activities on your own? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what are they and when? Activities: \_\_\_\_\_ When? \_\_\_\_\_

Any additional notes for us?

\_\_\_\_\_  
\_\_\_\_\_

Estimated numbers following year. Students \_\_\_\_\_ Chaperones \_\_\_\_\_

Upon receipt of this requisition, we will send you an agreement contract if your dates are approved as requested. If there are any problems or questions, we will contact you directly.

Group Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: YMCA Camp U-Nah-Li-Ya  
Attn: Outdoor Education Director  
12101 Y Camp Road  
Suring, WI 54174

*\*Please keep a copy of this requisition for your records before returning the original copy to Camp U-Nah-Li-Ya.*