

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

School/Group name: _____

Address: _____

Work phone: () _____ FAX: () _____

Group Coordinator: _____ Home 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: _____ (Male: _____ Female: _____)

Number of teachers/chaperones attending: _____ (Male: _____ Female: _____)

Total group number attending: _____ (Male: _____ Female: _____)

Would you like a moment of reflection at the beginning of each meal? Yes: _____ No: _____

Whom would you like to participate in the *Gizmo*? Students only: _____ Students and Chaperones: _____

Would you like the Trading Post (camp store) to be opened during your visit? Yes: _____ No: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____	_____	_____
_____	_____	_____

Please continue on to the other side of this form.

Into how many class groups are you dividing your students? _____

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

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? _____

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 dietary needs within your group that we should be aware of?

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

Any additional notes for us? _____

Please return to:
YMCA Camp U-Nah-Li-Ya
Attn.: Darilyn Anderson
13654 South Shore Dr.
Suring, WI 54174
(715) 276-7116

Last year's Fees: \$ _____

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:** _____

OEE Director signature: _____ **Date:** _____

Note: Please make a copy of this requisition for your records before returning the original copy to Camp U-Nah-Li-Ya.