

YMCA Camp Seymour  
Outdoor Environmental Education  
**School Information Sheet-2 Nights, 3 Days**

Please fill out the following two pages of this form and **return to Scott Gjertson at least 3 weeks prior** to your scheduled visit. Please send to:

email: [sjertson@ymcapkc.org](mailto:sjertson@ymcapkc.org) or [rgjertson@ymcapkc.org](mailto:rgjertson@ymcapkc.org) or fax: (253) 460-8897

School: \_\_\_\_\_ Grade(s): \_\_\_\_ Dates at camp (including year): \_\_\_\_\_

Person(s) in charge of your group: \_\_\_\_\_ Other teachers/staff coming: \_\_\_\_\_

Work phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Cell / Home phone: \_\_\_\_\_

Can we call you at home?  yes  no

e-mail: \_\_\_\_\_

Arrival time at Camp: \_\_\_\_\_ Departure time on last day: \_\_\_\_\_

How your group will be transported to camp: \_\_\_\_\_ # of buses \_\_\_\_\_

First meal served by Camp: \_\_\_\_\_ Last meal served by Camp: \_\_\_\_\_

# Students \_\_\_\_\_ # Teachers \_\_\_\_\_ # High School Leaders \_\_\_\_\_

# Parent Cabin Leaders \_\_\_\_\_ # Other \_\_\_\_\_ **TOTAL # of participants:** \_\_\_\_\_

# Part time students or chaperones (not included above) \_\_\_\_\_

**Cabins:** The Camp Seymour OEE Director will determine which cabins you will have and how many by the following information:

# Male campers \_\_\_\_\_ # Male chaperones \_\_\_\_\_ # Cabins requested \_\_\_\_\_  
(# of cabins requested is not a guarantee)

# Female campers \_\_\_\_\_ # Female chaperones \_\_\_\_\_ # Cabins requested \_\_\_\_\_  
(# of cabins requested is not a guarantee)

# of campers/adults (please indicate whether this person is a camper, cabin leader, or teacher) needing wheelchair accessibility: \_\_\_\_\_

Do you have any participants who will/might need cart transport while they are here?

(If you check yes, camp staff will be contacting you to make a plan for needs and availability.

The cart is only available for people with mobility issues.)  yes  no

Teachers/adults not staying with students needing housing: # Males \_\_\_\_\_ # Females \_\_\_\_\_

**Your group's goal(s):** \_\_\_\_\_

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**CLASSES:** Please pick your top 8 choices for classes **in order of preference**. (See Curriculum Guide). We will do our best to give you seven of the classes you request, but many things go into making a schedule, so we will use your top 10 choices to help us create a suitable schedule for your school.

**Requested Classes:**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ |          |

**Learning Groups** are the small groups that your students will travel in to all the different classes that you take. The Camp Seymour OEE Director will choose the number of learning groups for you.

**EVENING ACTIVITIES:** Note: It is expected that your school will lead at least one activity each evening and the Camp Seymour staff will lead the other. (There are ideas for evening activities listed on pages 17-18 in the Teacher's Planning Manual.)

	<u>ACTIVITY</u>	<u>WHO'S RESPONSIBLE</u>
<u>1<sup>st</sup> Evening:</u>		
Early activity	_____	_____
Late activity	_____	_____
<u>2<sup>nd</sup> Evening:</u>		
Early activity	_____	_____
Late activity	_____	_____

**Last morning:** Many schools choose to have an activity the last morning after the campers clean-up and move out of their cabins. See pgs. 18-19 in the Teacher's Planning Manual for ideas. Please indicate what activity you would like to do and who is responsible for running it.

ACTIVITY \_\_\_\_\_ WHO'S RESPONSIBLE \_\_\_\_\_

FYI: The Camp Store is no longer available for at camp purchases. Pre-orders with enough notice are an option however. Please contact Diane Jackson at [djackson@ymcapkc.org](mailto:djackson@ymcapkc.org) for more information about camp store pre-orders.