

Cold Creek Group Booking Request Form



COLD CREEK CONSERVATION AREA TOWNSHIP OF KING



ACCOUNT INFORMATION		
Organization Name:		
Organization Type:		
Phone Number:		
Address:		
City:	Province:	Postal Code:

CONTACT INFORMATION		
First Name:	Last Name:	
Title/Position:		
Primary Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Primary Phone #: _____ ext. _____
Email:		

BOOKING INFORMATION		
Date of Booking:	Time of Arrival:	Time of Departure:
Number of Participants:	Age of Participants:	Number of Staff:

ADDITIONAL INFORMATION		
Lunch Option:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergies:		
Are there any students with exceptionalities (physical or developmental) or who require accommodations?		
_____ _____ _____		

PROGRAM SELECTION: Please check off the programs you would like to participate in:

Recreational Programs	
High Ropes Course	<input type="checkbox"/>
Climbing Wall	<input type="checkbox"/>
Low Ropes Course	<input type="checkbox"/>
Team Building	<input type="checkbox"/>
Archery	<input type="checkbox"/>
Mountain Biking	<input type="checkbox"/>
Intro to Canoeing	<input type="checkbox"/>
Snowshoeing	<input type="checkbox"/>
Cross-country Skiing	<input type="checkbox"/>

Recreational Programs	
Team Challenge Pod	<input type="checkbox"/>
Fencer's Feet	<input type="checkbox"/>
Team Balance	<input type="checkbox"/>
Team Beams	<input type="checkbox"/>
Team All Aboard	<input type="checkbox"/>
Aerial Trust Dive	<input type="checkbox"/>
Flying Squirrel	<input type="checkbox"/>

When selecting the Team Challenge Pod, please select 1 option.

Educational Programs	
Maple Syrup	<input type="checkbox"/>
Our 5 Senses	<input type="checkbox"/>
Animal Games	<input type="checkbox"/>
Junior Explorers	<input type="checkbox"/>
Nature's Art Class	<input type="checkbox"/>
Map Masters	<input type="checkbox"/>
Biodiversity	<input type="checkbox"/>

Educational Programs	
Orienteering	<input type="checkbox"/>
GPS	<input type="checkbox"/>
Ultimate Survival	<input type="checkbox"/>
Historic King:	<input type="checkbox"/>
Please indicate which program	

Please note if any participants have one of the following medical conditions, they are not permitted to participate in our High Ropes, Climbing Wall, or Team Challenge Pod programming unless a medical note has been provided by their attending physician. The medical conditions include the following:

- Pregnancy
- Transplant recipient
- Atlantoxial Instability
- Abdominal Organ Enlargement
- Active Orthopedic Problem (recent or reoccurring problems affecting bones or joints)
- Cardiac Disease
- Any condition that a physician has determined creates a significant limitation for physical activity.