

Important! Please send this completed form to WOLF school office (address below) three weeks prior to attending program. Thank you!

Class Information Sheet

Name of school _____

Address _____

Service agreement number _____ Site _____ Date _____

Arrival time _____ Departure time _____

First meal served _____ Last meal served _____

Number of students _____ Grade of students _____

Number of adults _____ (Chaperones _____ Teachers _____)

Teacher(s) attending and times participated at WOLF:

_____/____/____ /_____/____/____ /_____/____/____

Chaperone Type: (check one) _____ high school students _____ parents

Contact Person _____ position _____

School phone _____ Home phone _____

Best times to reach _____

Person responsible for payment _____

When payment will be made _____

Group`s special focus/goals _____

List special needs of students (medical conditions, limited abilities, behavior problems, etc.). If more space is needed please attach a list to this information sheet.

Number of vegetarians _____ Any allergies, special dietary needs _____

Type of transportation/number of vehicles _____

Please complete this form and mail it **three weeks** prior to attending WOLF to:

UCCR/Web of Life Field School

220 Cloister Ln.

Aptos, CA 95003

Phone: 831-684-0148

Fax: 831-662-7984