H. E. BUTT FOUNDATION
OUTDOOR SCHOOL

SCHOOL INFORMATION

Please confirm information is correct, complete, and return.

GROUP LEADER INFORMATION

ARRIVAL AND DEPARTURE DATES:		
GROUP LEADER NAME:	EMAIL ADDRESS:	
WORK PHONE:	MOBILE PHONE:	HOME PHONE:
CAMPSITE:		
NUMBER OF CAMPERS:	NUMBER OF STAFF:	TOTAL NUMBER:
PERCENTAGE OF CAMPERS WHO QUALITY FOR FREE OR REDUCED LUNCH		

SCHOOL INFORMATION

LEGAL NAME OF SCHOOL:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
ADMINISTRATOR NAME:	PHONE:	
EMAIL ADDRESS:		

NAME OF EMERGENCY CONTACT *(not attending camp)*:		
WORK PHONE:	MOBILE PHONE:	HOME PHONE:
EMAIL ADDRESS:		

STAFF CERTIFICATION REGISTER

MEDICAL STAFF NAME:	COPY OF LICENSE:
MEDICAL STAFF NAME:	COPY OF LICENSE:
LIFEGUARD STAFF NAME:	COPY OF CERTIFICATION:
LIFEGUARD STAFF NAME:	COPY OF CERTIFICATION:

H. E. BUTT FOUNDATION
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CAMPSITE: _____
Retreat Date: _____

SCHOOL INFORMATION (CONTINUED)

Please return your completed reservation packet, including insurance and medical/lifeguard certificates to camp registrar two weeks prior to your retreat date.

In order for us to honor our mission and be good stewards on behalf of our contributors, it is helpful for us to track the number of guests served by the H. E. Butt Foundation Camp program, including the percentage of attending campers who would not otherwise be able to afford such an experience.

CAMPERS:

STAFF:

NUMBER OF FIRST-TIME CAMPERS:

TOTAL:

ELEMENTARY (0-11 YEARS)	MALE:	FEMALE:
SECONDARY (12-18 YEARS)	MALE:	FEMALE:
COLLEGE (19-24 YEARS)	MALE:	FEMALE:

ADULTS (25-55 YEARS):

SENIORS (55+ YEARS):

NUMBER OF INDIVIDUAL FAMILIES:

NOTE: Please remember to submit the Certificate of Insurance for your group's Commercial General Liability Insurance policy, which must specifically name H. E. Butt Foundation Camp as an Additional Insured with minimum coverage of $1 million per occurrence.