

Camp Joshua

Group Application

Name of Group (School Name/Business) _____

Contact Name _____ Daytime phone _____ Eve. Phone _____

Street address _____

City _____ Province/State _____ Country _____ Postal Code/Zip _____

Number of participants _____ Number of chaperones _____

(Please complete a registration form for each person attending)

Session (please check which length of stay that the group will be attending)

1 day _____ 3 days 2 nights _____ 4+ days _____ indicate how many days _____

Date that group will be arriving _____ Date that group will be departing _____

In order to accommodate your group please call ahead and check the dates, the arrival and departure times available.

Please describe the experience that the group would like to have. Indicate any education curriculum needs, team building activities or group challenge requests.

Please indicate if you need any of the following equipment:

___ overhead projector ___ dry erase board ___ bulletin board ___ TV / VCR ___ internet access
___ fax machine ___ meeting room ___ digital / video camera

Any other equipment that you require please indicate.
