GROUP NAME: _____ DATE OF VISIT: _____

TAWINGO TRIP TO DO LIST

This information is CRITICAL to our provision of **HEALTH, WELFARE, SAFETY AND SERVICE** to your group. We need your help **BEFORE** you arrive at Tawingo. Please print or reply to this list of needs **AS QUICKLY AS POSSIBLE**.

Please send a **FAX OR E-REPLY WITH THESE FACTS:**

Group Co-ordinator:

[.....]

Camper Numbers (Total)	[.....]	Staff Numbers Total:	[……...]
Boys:	[.....]	Men:	[.....]
Girls:	[.....]	Women:	[……...]

The first meal served by Tawingo on the first day is: [ ]

Birthdays at Tawingo (we provide a cake at the supper meal and lead a Birthday song) List each Name/Day:

[ ] [ ] [ ]

[ ] [ ] [ ]

Food Allergies/Medical Restrictions/Dietary Concerns

List each person's Name (followed by their Medical/Dietary Notes):

Attach an extra sheet, if necessary and bring a complete list of all medical concerns….

Meals Outside the Dining Hall (including day hikes, cookouts, overnights, bag lunches, etc:
Identify the Day(s)/Meal(s) and What Portion of the Group

Final Checklist

[ ]Have I arranged for and secured appropriate Medical/Permission Information?
[ ]Have I assigned campers to cabin groups and activity groups?
[ ]Have I discussed Policies, Procedures & Staff Assignments with other Staff?
[ ]Have I read and understand the Tawingo Information Booklet?
[ ]Have I arranged for the necessary swim qualifications for any on-water activity?
[ ]Have I discussed this year's program plan with Tawingo Staff?

PLEASE REPLY E-MEDIATELY (IMMEDIATELY)

This sheet must be received at Camp Tawingo at least two weeks prior to your trip experience. Failure to do so may result in cancellation of your visit with forfeit of all expenses to Camp Tawingo related to your trip (including lost revenue.)

Fax: 705 789 6624 **E-Mail:** outdoors@tawingo.net