



TAWINGO TWO WEEK TO TRIP "TO DO" LIST

GROUP NAME:

DATE OF VISIT:

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 return this list of needs **AS QUICKLY AS POSSIBLE** along with the Dietary Restrictions Form(s).

FINAL NUMBERS CHECK

Name of Group Coordinator:

Email:

Total Camper Numbers:

Male:

Female:

Total Staff Numbers:

Male:

Female:

TAWINGO FOOD SERVICE INFORMATION

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

The last meal served by Tawingo on the last day is:

BIRTHDAYS AT TAWINGO (we provide a cake at the supper meal and lead a Birthday song)

List each Camper by Name/Day:

SPECIAL MEALS (do you plan any special meals outside of the Dining Hall i.e. day hikes, cookouts, overnights, bag lunches, early departure, etc.?)

Type of Meal	Day/Date	Whole/Part Group(s)
--------------	----------	---------------------

Dietary Needs Related to Meal:

Type of Meal	Day/Date	Whole/Part Group(s)
--------------	----------	---------------------

Dietary Needs Related to Meal:

Type of Meal	Day/Date	Whole/Part Group(s)
--------------	----------	---------------------

Dietary Needs Related to Meal:

Type of Meal	Day/Date	Whole/Part Group(s)
--------------	----------	---------------------

Dietary Needs Related to Meal:

Any Additional Information Pertaining to Your Visit:

Final Checklist

- Have I arranged for and secured appropriate Medical/Permission Information?
 - Have I advised Camp of any special needs/medical conditions affecting the visit?
 - 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 and Planning Booklet?
 - Have I arranged for the necessary swim qualifications for any on-water activity?
 - Have I discussed the year's program plan with Tawingo Staff?
 - Have I attached a Spreadsheet of students' names and dietary restrictions/food allergies?
-

This form must be received by Camp Tawingo at least TWO WEEKS PRIOR to your trip.

outdoors@tawingo.net

Fax: 705-789-6624

Phone: 705-789-5612