

Alpine Outdoor Education
School/Group Reservation Form

School/Group: _____

Teacher/Group Leader: _____

Class Name/Grade: _____

School Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: (____) _____ - _____ Contact Email: _____

Arrival Date: ____ / ____ / ____ Departure Date: ____ / ____ / ____

Arrival Time: _____ Departure Time: _____

Total # of Students: _____ # Males: ____ # Females: _____

of Paying Adults: _____ # of Teachers/Chaperones: _____

List classes desired here: _____

Circle lodging preference (for overnight groups only): ***Lodge*** ***Cabin***

Indicate # of meals per participant: ____ Breakfast ____ Lunch ____ Dinner

Cost per participant: _____

(add package price + special or adventure fees, or add up # of classes, meals, and nights lodging)

Total Cost: _____

(cost per participant X number of paying participants)

Discounts that apply: _____

GRAND TOTAL: _____

Today's Date: ____ / ____ / ____

Send reservation form to:

Mail: Outdoor Education, 161 College Drive, Mount Hope, WV 25880

Fax: (304) 877-5046

Email: outdooreducation@abc.edu