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2577 Idaho Rd
Ottawa, KS 66067

Field Trip Activity Sign Up

Name of Organization:

Contact Person:

Phone:

Email address:

Address:

City:

State:

Zip Code:

Estimated number in attendance:

Type of group:

Arrival Date:

Arrival Time:

Departure Date:

Departure Time:

Staff-Led Level of Experience Your Group is interested in Scheduling – Please (x)

- () 1-Hour Staff Led Experience (Choose 1 hour of Staff-Led Activity) (\$5/person)
() ½ Day Staff Led Experience (Choose 1-4 hours of Staff-Led Activities)(\$10/person)
() Full Day Staff Led Experience (Choose 4-7 hours of Staff-Led Activities) (\$15/person)

Select Staff-Led Activities or Services Your Group is interested in Scheduling

Activities are subject to change depending on weather

() **Wagon Rides (Tractor)(30 minutes per ride):** # of participants_____ (max. 24 people)

() **Low Ropes Course (1 hour session):** # of participants_____ (10-15 participants)

() **Paddle boats/Canoeing (1 hour session):** # of participants_____ (max 25 per group)

() **Archery (1 hour session):** # of participants_____

() **Fishing (1 hour session):** # of participants_____ (fishing poles & bait supplied)

() **Animal Experience (1 hour session):** # of participants_____

() **Staff Led Nature Hike (1 hour session):** # of participants_____

() **Staff Led Outdoor Games (1 hour session):** # of participants_____

() **Crafts (1 hour session):** # of participants_____

() **Pedal Carts (1 hour session):** # of participants_____

Activities Available for Self Guided Time

Select the activities you would like to potentially do on your own while your group is out at camp, so we can make sure that the appropriate areas are open. You are welcome to stay longer than just the staff led portion of activities, a staff member will just not be around to assist you.

- | | |
|-----------------|--|
| () Hiking | () Picnic Shelters for various activities |
| () Field Games | () Gaga Ball |
| () Playgrounds | () Camp Store |
| () Disc Golf | |
| () Mirror Maze | () Other_____ |

Group Agreement: We (group reserving these dates) will carefully observe all rules and regulations set in the Policies Governing Reservations at Camp Chippewa, mailed with this form, and agree to interpret them to everyone in our group and comply with them. The Camp Management has the right to refuse service or remove a group who is not in compliance with these guidelines.

Responsible Adult_____

Date_____