

Class Trip Reservation Request Form

Mail, fax or email

Name of group: _____ Person in charge: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Fax: _____ Teacher Email: _____

Scheduling Information

Grade level: _____ Number of chaperones (no charge): _____

Number of children: _____

Date of Visit: _____ Alternative Choice (in case of rain): _____

Program Request (or see below to suggest topic)

Program Name 1st Choice: _____ 2nd Choice: _____

Program Time: Please choose from these time slots: 9:30 am - 12 :00 pm OR 12:00 pm-2:30 pm

***Time slots are flexible and can be discussed further by phone to accommodate your needs. Full day trips are available at a different rate.**

Fees

The cost per child is \$5.00. Payments may be made once we confirm or at the time of your visit. Payments may be made in check, credit card, or cash. Checks are payable to Camp Creek Run.

Please let us know if you have a specific program or topic request:

Mail to: 199 Taunton Lake Road, Marlton NJ 08053

Fax to: 856-596-4004

Email to: campcreekrun@yahoo.com

