

## CONFIRMATION SHEET

Please make complete this form as necessary and fax it to the Thunderbird Outdoor Centre (250) 642-3980, 2 weeks prior to your visit.

School/Group Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 Number of participants: Males: \_\_\_\_\_ Females: \_\_\_\_\_ Number of teachers/parents: \_\_\_\_\_  
 Age of Participants: \_\_\_\_\_ Method of Transportation (bus, parent cars): \_\_\_\_\_

FOOD SERVICE (IF APPLICABLE)

Food Service for overnight groups is provided from the first meal following arrival, to the last meal before departure (unless otherwise arranged). We have arranged meals for you in the following pattern. Please check our table for accuracy and make changes if necessary.

«No_Food_Service»	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Breakfast							
Lunch							
Dinner							
Snack							

Food Restrictions (for groups using Thunderbird food service):  
 Vegetarians (#): \_\_\_\_\_ Vegans (#): \_\_\_\_\_

Food Allergies: \_\_\_\_\_  Contact  Ingestion  Airborne  
 \_\_\_\_\_  Contact  Ingestion  Airborne  
 \_\_\_\_\_  Contact  Ingestion  Airborne

Are there any medical concerns we should be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your cooperation. We look forward to your visit!  
 Office Use Only:  
 Number of Tables: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ Coordinator: \_\_\_\_\_