

DATE: _____

SUMMER GROUP RESERVATION FORM

Group Name: _____ **Group Leader:** _____

Phone: _____ **Fax:** _____

Email: _____

Mailing Address: _____

Number in Group _____

Types of Disabilities: _____

Date(s) and activity(s):

Other Comments:

Group Pricing
½ day = \$25 per person. Full-day = \$35 per person