

## LOGISTICS AND DETAILS FORM



School Contact Person: \_\_\_\_\_

This form will serve as a guide to planning all the details for your visit. Please send this form in **four weeks before** your visit.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Alt. Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_  
 Students: #Boys: \_\_\_\_\_ #Girls: \_\_\_\_\_ (←Very Important!) Guaranteed Minimum \_\_\_\_\_ (←Very Important!)  
 #Tables (10-12 per table including adults): \_\_\_\_\_ # of Trail Groups (14-15 students ea.): \_\_\_\_\_  
 Evening snack provided by Joy: YES NO (circle one)

**CHAPERONES:**

Type and # of Chaperones: Parents: \_\_\_\_\_ Teachers: \_\_\_\_\_ Student Leaders: \_\_\_\_\_  
 If you are bringing chaperones in shifts please inform Joy of who & when, on a separate sheet or email. Please indicate how many adults will be at each meal time so our kitchen is prepared. Include dietary restriction/needs.

Please check the email from Joy to confirm your assigned cabins. Please indicate below if you intend to use all of your assigned cabins with a check mark in the applicable boxes. Contact Joy ASAP if more are needed.

Cabins confirmation: GUEST HOUSE

                      

**Please list below the titles of the classes and evening programs you have chosen for your students. Please describe any desired outcomes on page two of this form.**

Daytime Classes (check contract for # of classes)	Daytime Classes (for longer programs)	Evening Programs (1 per night)
1. _____	5. _____	1. _____
2. _____	6. _____	2. _____
3. _____	7. _____	3. _____
4. _____	8. _____	4. _____

**ROPES / Polaris \* Do you have any students with physical or cognitive needs that would require special accommodations? CIRCLE ONE: NO YES (Please list below)**

**JOURNALS:** *Individual journals are an integral part of the JOY experience.*

Journals will be provided by (circle one): **JOY / SCHOOL** (if JOY please bring one ream of paper)  
 At departure, to whom should we return journals to? \_\_\_\_\_

**SPECIAL NEEDS/REQUESTS:** Are you aware of any students or chaperones with special accessibility or dietary needs? Please include name and condition so that we can plan for any changes in the program to accommodate their needs.

Name: \_\_\_\_\_ Student/Teacher/Chaperone Condition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GUESTS:** Please include the name, title, expected date and time of arrival for any guests that may be visiting JOY during your program. (examples: principal, superintendent, pastor, etc.)

**This is a site security issue please have all visitors sign in on arrival at the School Program Building! Risk forms are required!**

Guest Name:	Title:	Expected arrival date/time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you:

- Completed all items on this form?
- Contacted JOY with guaranteed #'s? (See contract for guaranteed # due date. This will be the min. number you are billed.)
- Assigned "SURR" or "TOT" assistants?
- Filled out Trail groups, Cabins, and Table groups (with hoppers)? Include Chaperones?
- Provided name tags for parents, staff and students?

School: \_\_\_\_\_



**CLASS INFORMATION SHEET**

*THIS IS OPTIONAL!! JOY USES IT TO CUSTOMIZE YOUR VISIT!!*

<b>Class Name</b>				
<b>List two - three goals or standards that you would like JOEC to Emphasize</b>				
<b>List preparatory and/or follow up activities that you have planned for this class</b>				

<b>Evening Program Name</b>		
<b>List any goals or standards you would like JOEC to emphasize</b>		
<b>List preparatory and/or follow up activities you have planned for this program</b>		