



## School Year Information Request Form

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### School/Group Information:

School/Group Name: \_\_\_\_\_

Group Leader Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

School Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate Group Size: Students \_\_\_\_\_ Adults \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(minimum 20 and maximum 56 total people)

### Program Date Information:

Desire Program for:  Spring 2019  Fall 2019  Spring 2020  Fall 2020

Requested Time Length: Residential Program of \_\_\_\_\_ Day(s) \_\_\_\_\_ Night(s)

Desired session date(s) in this time frame: \_\_\_\_\_

Dates are flexible?  Yes  No

Dates must be:  Weekday Date(s)  Weekend Date(s)  Either

Restricted days/dates are: \_\_\_\_\_

Additional information: \_\_\_\_\_

Please fax, email, or mail this page back to us at  
SEACAMP San Diego ♦ PO Box 711310 ♦ San Diego, CA 92171  
(800) SEACAMP ♦ Fax: (858) 268-0919 ♦ seacamp@seacamp.com ♦ www.seacamp.com