

The Camp Leopold Registration Process **for Sumter Schools**

Please return Pages 1, 3, 4 and 5 of this packet to the Camp Leopold Director **at least a month prior to the fieldtrip date**. Page 2 can be returned to Camp Leopold upon arrival. These initial forms assist camp staff in planning for the trip—all final numbers are due 2 week prior to the fieldtrip date. Since the Sumter School District has a prepaid contract with Camp Leopold, no payment are due upon arrival to camp.

All paperwork can be emailed to campleopold@scwa.org, faxed to 803-452-6032, or mailed to SCWA's main office at 9833 Old River Road Pinewood, SC 29125.

Please note: The address for mailing paperwork is for SCWA's main office—not our physical camp address! To get to camp, please use the "Directions to the Wildlife Education Center" handout provided in the Teacher Manual & Parent Handbook.



Camp Leopold Registration Form

This form is used to help us prepare for your field trip! Please read and fill in the blanks following the bold print. **Please be as accurate as possible**, as your group's schedule, meals, and lodging will be based on the numbers you provide below.

Please select your desired trip type: ____ 1-Day ____ 2-Day ____ 2.5-Day

Dates of Trip: _____ to _____

Name of School: _____

School Contact: _____ **Position:** _____

School Phone: (_____) _____ **Cell Phone:** (_____) _____

Email: _____

Student Grade Level(s): _____

Arrival time: _____ **Day:** _____

Departure time: _____ **Day:** _____

Will you be arriving by bus? If not, how? _____

Will you need bus driver lodging? Please circle: Yes or No?

If yes; how many? ____ *Bus drivers' costs will be the same as the chaperones.

Minimum number of students: Male _____ Female _____ Total _____

Minimum number of chaperons*: Male _____ Female _____ Total _____

Minimum number of teachers: Male _____ Female _____ Total _____

Minimum total number attending: _____

Camp Leopold Reservation Summary


Please return this form before your arrival to Camp Leopold.

School

School District

County

Dates of Session

	African American		Caucasian		Other		Total
	Male	Female	Male	Female	Male	Female	
# of Students							
# of Adult Chaperons							
# of Teachers							
# of Drivers Staying							
Total							

Class Options & Selection

Daytime Classes:

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Wonderful Wetlands ➤ Waterfowl Adventure ➤ Creatures of the Woods ➤ Team Challenge ➤ Spineless Wonders ➤ Their Blood Runs Cold | <ul style="list-style-type: none"> ➤ Human Impact at Camp Leopold ➤ Spoorin' & Explorin': Track Casting ➤ Forest Ecology ➤ A Look into the Wild World: Trail Cameras ➤ Dual Ziplines |
|---|---|

Evening Classes:

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Environmental Hearing ➤ Night Walk, The Final Frontier ➤ Campfire ➤ Celestial Navigation | <ul style="list-style-type: none"> ➤ Spineless Wonders at Night ➤ Blood Runs Cold at Night ➤ Human Impact at Night |
|---|---|

Please rank which classes you would like to participate in, with 1 being the most desired class.

Depending on arrival/departure times, program type, and time of year, some classes may be unavailable. The Camp Director will be in contact if there are any adjustments to be made.

<p>Day Classes</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 	<p>Evening Classes (Not Applicable to 1-Day)</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
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Typically, 1-Day programs will have 3 day activities, 0 night activities, 2-Day programs have 5 day activities and 2 night activities, and 2.5-Day programs have 9 day activities and 4 night activities.

Class Options & Selection (Con't)

Below are some questions related to the classes selected on the previous page. Responses to the questions are optional, but they assist us in better tailoring our classes to the needs, level, and desires of your educational institution.

1. What science units have your students covered before/during the time of their visit?

2. Are there any specific education standards you were hoping would be covered during your visit? If so, which ones?

3. If you have been to Camp Leopold before, are there any specific activities you would like to do again? Are there any activities you would not like to do again?

4. If you would like to elaborate on any of your class preferences, please do so in the space below.

Camp Leopold Terms of Agreement

1. Our school, _____ (School's Name), will be attending a ____ Day Program at Camp Leopold.
2. Our school has chosen to attend _____ (session date(s)).

We agree...

- To respect Camp Leopold's facilities.
- To drive and park our vehicles in designated areas only.
- To have at least one representative of the school onsite at all times.
- To have one or more adult leaders supervise the students at all times. At least one adult over 21 must stay in each sleeping area to supervise the students.
- To comply with the zero-tolerance policy for drugs, alcohol, and tobacco use or possession on Camp Leopold Property.
- To alert Camp Director of all dietary restrictions 2 weeks prior to the event date.

We understand that...

- Camp Leopold must receive a final and guaranteed number of students, chaperons, and educators in writing from the school 2 weeks prior to the trip. At 2 weeks, you will be able to decrease the minimum number written in this packet by 10% without penalty; however, if you decrease the number of participants by more than 10% you will be billed for the minimum number reported on this form. This number will be used to prepare food, lodging, and staffing for your trip.
- Our group understands and agrees that the final ESSER funds pulled will be the larger of the following: reported minimum student/chaperones numbers or the actual number of students/chaperones who attended the trip.
- If a school group cancels within 30 days prior to the experience the school will be responsible for ESSER Funds pulled for 70% of the total contracted minimum number for said trip.

Educators' Signature: _____ Date: _____

Administrators' Signature: _____ Date: _____

This is a legally binding contract.

Thank you for registering with Camp Leopold! Please contact the Camp Leopold Director with any questions or concerns, and we look forward to having you on-site soon!

Kindly,

Abby Zabrodsky
Camp Leopold Director of Operations
E-mail: campleopold@scwa.org
Cell: 803-305-8927
Fax: 803-452-6032