

The Camp Leopold Registration Process

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, required Camper forms, and special accommodations are due to the Camp Director two weeks prior to the fieldtrip date.

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 groups schedule, meals, and lodging will be based on the information 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' cost 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


This form must be returned upon 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.

Day Classes	Evening Classes (Not Applicable to 1-Day)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	
9. _____	
10. _____	
11. _____	

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.

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)).

Please Note: A 10% nonrefundable deposit is required with the submission of this form to officially book your school's date.

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 and needed special accommodations 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 bill will be the larger of the following: reported minimum student/chaperone numbers or the actual number of students/chaperones who attended.
- Our balance will be due 2 weeks prior to arrival at Camp Leopold. I understand my invoice will be received via email after the submission of this document
- We understand our account is subject to a 6% finance charge if our balance is not paid within 30 days following the trip.
- If a school group cancels within 30 days prior to the experience the school will be responsible 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! Please contact the Camp Leopold Director with any questions.

Kindly,

Abby Zabrodsky
Camp Leopold Director of Operations

Cell: 803-305-8927
Fax: 803-452-6032
E-mail: campleopold@scwa.org