Request for School

We need to know: date: _____

1. The date of your visit (I will need two possible dates):

   1 : _____ 2: _____ 3: _____

2. The number of students _____
3. The age group of your students _____
4. The number of chaperones _____
5. The height of all participants (feet to head) _____
6. Which activities or service you have chosen _____

Cave (1hr)	☐	**Sleep over**	☐	**Snowshoes (1hr)**	☐
Kid's park (1 ½ hr)	☐	**Adult aerial park (3 ½ hr)**	☐	**IV course (1hr)**	☐
I & IV course (1 ½ hr)	☐	**I, IV & Extreme Zip Line (2hrs)**	☐		
Catering service	☐	**BBQ**	☐		

7. Preferred language French ☐ English ☐
8. At what time you can be present on the site _____
9. At what time you need to leave _____
10. The coordinates of your organization (name, address, city, postal code)

    _____

    _____

    Telephone: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ _ Telec: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ _

11. Name and email address of the responsible to send you all relevant documents

    Name: _____ Email address: _____

12. Name of the person in charge of your group who will be on site the day of the activity

    Name: _____ Email address: _____

13. Credit card number for payment:

    Visa ☐ Master card ☐

    _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ - _ _

    credit card number expiration date

    Name on the credit card: _____

    Signature: _____ Tel: (___) _____ _____

Once you have made a decision, please send this form by email to; info@aenturelalfeche.ca or by fax to 819-457-4327 and we will contact you as soon as possible.

PLEASE NOTE THIS IS NOT A RESERVATION THIS IS ONLY A REQUEST

I would like to thank you for expressing interest in an eventual visit to Aventure Laflèche.