

Blue Ridge Outdoor Education Center

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Experiential Environmental Education

Reservation Information Form

School(s):	Grade(s):	Requested date(s):
ESTIMATED TOTAL # of STUDENTS:	_	
ESTIMATED TOTAL # of ADULTS:	_	
Overnight Trip		
Arrival time: (10:30-11:00am recom	mended)	
Departure time: (11:00am-12:00pm	recommended)	*Check if you need a sacked lunch to go*
Do you need separate lodging for individuals	not in the dorm cabins?	·
If so, how many rooms? (2 beds per room) _		
Day Trip		
ESTIMATED Arrival time: (9:00am re	commended)	
ESTIMATED Departure time:		*Check if you need a sacked meal to go*
Who will be signing the reservation con-	tract?	
Responsible Person/Title:		
Address:		
Work Phone:		
Email:		