

El Camino Pines Outdoor School 2017-2018 Reservation Request Form

(Due two weeks after this year's trip)

Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Principal:		
Teacher:		
Grade(s):	# of Students:	

Please indicate your first, second, and third choices. You have priority if you select the same week as this year. If you would like to switch dates or seasons, reservations will be assigned as available.

FALL 2017	WINTER 2018	SPRING 2018
3 days	3 days	3 days
4 days	4 days	4 days
5 days	5 days	5 days
<i>Write in exact dates of 1st, 2nd, and 3rd choices</i>	<i>Write in exact dates of 1st, 2nd, and 3rd choices</i>	<i>Write in exact dates of 1st, 2nd, and 3rd choices</i>
WEEK OF:	WEEK OF:	WEEK OF:
SEPT 25	JAN 8	APR 2
OCT 2	JAN 15	APR 9
OCT 9	JAN 22	APR 16
OCT 16	JAN 29	APR 23
OCT 23	FEB 5	APR 30
OCT 30	FEB 12	MAY 7
NOV 6	FEB 19	MAY 14
NOV 13	FEB 26	MAY 21
	MAR 5	MAY 28 (4 day only)
	MAR 12	
	MAR 19	

Schools I would like to attend with: _____

Mail to: El Camino Pines Outdoor School, 11900 Frontier Road, Frazier Park, CA 93225
Phone: (661) 245-3519 - Email: ECP@LRCChome.com - Fax: (661) 245-2047