

Program Quote Request Form

School Information

School Name _____
 School Address _____
 Organising Teachers Name _____ Email Address _____
 Work Number _____ Fax Number _____

Program Details

	Primary			Secondary				
Year Level	Yr 5 <input type="checkbox"/>	Yr 6 <input type="checkbox"/>	Yr 7 <input type="checkbox"/>	Yr 8 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	Yr 12 <input type="checkbox"/>
Preferred Dates Arrive	_____						Depart _____	
Arrival Time	_____						Depart Time _____	
Students Gender	Female: <input type="checkbox"/> Qty _____			Male: <input type="checkbox"/> Qty _____				
No. Students	_____						No. Teachers _____	
Budget per student	_____							

Length of Camp

Number of Days 1 2 3 4 5 Weekend

Required Outcomes

HSIE PDHPE Geograpy Gold DOE Life Skills Sports Envir/ment
 Other: _____

Does this program require any specific curriculum outcomes? If yes, please detail.

Are there any other outcomes you would like to see?

Program Activities

Please select what activities you would prefer and the amount of time you would like spent doing that activity – please write time in half day increments.

	Tick	1/2 or full day		Tick	1/2 or full day		Tick	1/2 or full day
Flat water kayaking	<input type="checkbox"/>		Mountain biking	<input type="checkbox"/>		Initiatives	<input type="checkbox"/>	
Flat water canoeing	<input type="checkbox"/>		Survival skills	<input type="checkbox"/>		Abseiling	<input type="checkbox"/>	
White water kayaking	<input type="checkbox"/>		White water li-loing	<input type="checkbox"/>		Tree Planting	<input type="checkbox"/>	
White water canoeing	<input type="checkbox"/>		Bushwalking Onight packed	<input type="checkbox"/>		Bushwalking Onight unpack	<input type="checkbox"/>	
High ropes	<input type="checkbox"/>		Orienteering	<input type="checkbox"/>		Day / half day bushwalk	<input type="checkbox"/>	

Accommodation

Please indicate accommodation preference.

Base camping Bunk Style Lodge
 Expedition camping Own accommodation (where?) _____

Catering

Please indicate your catering needs below.

Students supplying all food School providing all food
 BOE supplying all food BOE suppling some food

Please complete menu plan on opposite page.

Transport

Please indicate what transport the school will be supplying.

	Yes	No
No transport	<input type="checkbox"/>	<input type="checkbox"/>
Transport to and from camp only	<input type="checkbox"/>	<input type="checkbox"/>
All transport of students and teachers to and from camp, some internal camp transfers of students and teachers	<input type="checkbox"/>	<input type="checkbox"/>
All transport of students and teachers to and from camp, all internal camp transfers of students and teachers	<input type="checkbox"/>	<input type="checkbox"/>
All transport of students and teachers to and from camp, all internal camp transfers of students, teachers, guides, equipment	<input type="checkbox"/>	<input type="checkbox"/>
Pick up from Train Station: Gloucester Train Arrival <input type="checkbox"/> Departure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send completed form to BOE:

Email adventure@boac.com.au Web: www.boe.net.au
 Phone (02) 6558 2093

Postal Address Barrington Outdoor Education
 PO Box 20
 Gloucester NSW 2422
 Fax (02) 6558 9195