



# Day Programs Design

Carp Ridge Learning Centre

Phone: 613-839-1179

[www.carpridgelearningcentre.ca](http://www.carpridgelearningcentre.ca)

[programs@ecowellness.com](mailto:programs@ecowellness.com)

## Participant Information:

Leaders

# of Leaders: \_\_\_\_\_

Name and Contact Info for Each Leader:

1)	_____	_____	_____
	Name	Phone	Email
2)	_____	_____	_____
	Name	Phone	Email
3)	_____	_____	_____
	Name	Phone	Email
4)	_____	_____	_____
	Name	Phone	Email

-----List Additional Leader Info on Back-----

## Organization:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Authority Personnel: 1) \_\_\_\_\_

2) \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

## Participants:

# of Participants: \_\_\_\_\_

Age of Participants: \_\_\_\_\_

Special Needs, Allergies, Medical Conditions, etc.?

Please Briefly

Describe: \_\_\_\_\_

## Programming Details:

Time Length of Total Programming: \_\_\_\_\_

Overnight?            Yes                            No

Accommodations Required?            Yes                            No

We Can Offer Several Overnight Facilities. Please circle if you would like to use one or all of:

Learning Centre Building            Yurt                            Cabins (3)            Tents

Would you like Learning Centre Staff Design and Facilitation for your Program?	Yes	No
If Yes, will you be providing internal facilitation also?	Yes	No
Additional Assistance/Supervision Required?	Yes	No

**Focus/ Objectives of Programming:**

Please Briefly Describe

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Based on Curriculum?	Yes	No
If yes, would you like Learning Centre Facilitators to design the Programming based on the Curriculum?	Yes	No

**Programming Topics:**

Please check in order of priority:

- |   |  |
|---|--|
| <input type="checkbox"/> Organic Gardening                | <input type="checkbox"/> Wilderness First Aid          |
| <input type="checkbox"/> Leave No Trace                   | <input type="checkbox"/> Wild Crafting                 |
| <input type="checkbox"/> Challenge Courses                | <input type="checkbox"/> Wildlife Viewing and Tracking |
| <input type="checkbox"/> Environmental Sciences           | <input type="checkbox"/> Mapping and Orienteering      |
| <input type="checkbox"/> Wilderness Problem Solving       | <input type="checkbox"/> Primitive Cooking             |
| <input type="checkbox"/> Plant Identification             | <input type="checkbox"/> Wild Edibles                  |
| <input type="checkbox"/> Bugs                             | <input type="checkbox"/> Team Building                 |
| <input type="checkbox"/> Active Health and Outdoor Sports |  |
| <input type="checkbox"/> Other: _____                     |  |

Volunteer Opportunities Available. Interested?	Yes	No
If Yes, in which activities/events/topics?		

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Subsidies Available for Non-Profit and Private Groups. Interested?	Yes	No
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**\*Programming will be scheduled according to group objective priorities and time allowances.**

Thank you for your helpful information.  
We look forward to hosting your outdoor programs at our facilities!

