



OUTDOOR EDUCATION PLANNING FORM

GROUP INFORMATION

Group Name: _____

Type of Group: Adult Sr. High Jr. High Children

Numbers Breakdown: Males Females Male Leaders Female Leaders Total

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

CONTACT INFORMATION

Pre-Arrival Contact Person: _____

Phone #: _____

Email: _____

Contact Person During
Outdoor Education Retreat: _____

Phone #: _____

Email: _____

FACILITY PREFERENCES

All cabins are bunk style cabins with bathrooms attached. Please list how many cabins you would like ([Cabin Layouts](#)):

_____ 12 person cabins-5	_____ 14 person cabins-5
_____ total	_____ total
_____ 16 person cabins-1	_____ 18 person cabins-2
_____ total	_____ total

Guest Rooms—\$40 per room for the whole time you're here.

Number of rooms: _____

Each group will get one room reserved, but it will still be \$40 to use. Additional guest rooms will be subject to availability. There are six guest rooms in total.

Rank Your Meeting Room Preferences ([Meeting Room Description](#)):

Hill Chapel _____ (seats up to 300)

Oaks Chapel _____ (seats up to 150)

Longhorn _____ (seats up to 75)

Montana Cabin _____ (cabin living room; seats 10)

NOTE: We will do our very best to meet these requests. They do not guarantee use of requested rooms. Your group is guaranteed a meeting room and cabins based on your group size.



SPECIAL NEEDS:

Is there anything else that would be helpful for us to know so we can serve you better?

Does anyone in your group have a special physical need which may require special attention? If yes, please explain and list your specific needs.

Does anyone in your group have dietary restrictions or food allergies we should be aware of? If yes, please explain and list your specific needs.

Does your group have any meal/dietary preferences?

Please return the filled out outdoor education retreat planning form 2 weeks before to your outdoor education retreat:

Phantom Ranch Bible Camp
Attn: Brooks Gallman, Guest Group Coordinator
W309 S10910 County Road I
Mukwonago, WI 53149
Fax: 262.363.6941
Email: brooks@phantomranch.org