

| | | |
|---|--|--|
| Group Name: | | |
| Contact Person: | | |
| Phone Number: | | |
| Email: | | |
| Street Address: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| What is the purpose of the Trip/Gatherings? | How Many Trips/Gatherings Each Year? | |
| | | |
| Who Will Be Participating & What Are Their Age Ranges? | How Long Do Most Trips/Gatherings Last? | |
| | | |
| What Activities Are Typically Involved? | | |
| | | |