

School _____ Coordinator _____ Grade: _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Daytime phone (____) _____ Cell (____) _____

Scheduling Information:

| | | |
|---|---|--|
| Arrival Date: _____ | Time _____ (after 10:30 am) | B L D |
| Departure Date: _____ | Time _____ (by 1:00 pm) | First dining hall meal: |
| Student # Female: _____ Male: _____ | Adult # Female: _____ Male: _____ | Last dining hall meal: |
| Check here if adults will room with students. (<i>chaperones must be 21+</i>) | | Check here if you need bag lunches on your last day. |
| Are your students in cohorts due to COVID-19? Yes No | | |
| ▶ Cohort Details: <i>Students per cohort</i> <i>Total number of cohorts</i> | | |
| Would you like evening snacks? Yes (Please attach Evening Snack Request Form with this form) | | |
| No , we are bringing our own (must be nut free) | | |
| Visit the gift shop? Yes No | | |
| Eagle Bluff began using electronic medical forms beginning August 2020. I would like student information sorted by: | | |
| Student Last Name | | |
| Teacher Last Name <i>List Last Names of Teachers:</i> | | |

School Background:

- ▶ **What are the TOP TWO goals for your trip?**

| | |
|--|---|
| Team building and challenges | Group bonding & enjoyment |
| Meet academic standards & gain content knowledge | Provide an introduction to the outdoors |
| Environmental stewardship | Outdoor exploration & observation |
| | Other: |

- ▶ **Any specific topics or standards would you like to have covered?**

- ▶ **My school will be utilizing Eagle Bluff's:** Pre-Activities Post-Activities Journal Pages N/A

- ▶ **What teaching techniques can our instructors use to best serve your students? (attention getter, discussions, etc.)**

- ▶ **Are there any specific school culture norms or behavior expectations you'd like to mention?**

- ▶ **Anything else we should know?**

Experience Selection: Classes are scheduled based on group goals and availability.

DAYTIME CLASSES: (Led by Eagle Bluff Staff): Rank your top 8–10 choices with #1 as your highest priority.

| | | | |
|---|---|---|---|
| Challenge Zone <input type="checkbox"/> Group Challenges <input type="checkbox"/> Tree Tops High Ropes <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Root River Hike | Season All Year All Year All Year All Year | Observational Sciences <input type="checkbox"/> Animal Signs <input type="checkbox"/> Birds <input type="checkbox"/> Big Freeze <input type="checkbox"/> Fungus Among Us <input type="checkbox"/> Pond Study <input type="checkbox"/> Wildlife Ecology | Season All Year All Year Nov. - March April - Oct. April - Oct. All Year |
| History & Culture <input type="checkbox"/> Ice Age <input type="checkbox"/> Settler Life (<i>Pioneer Life</i>) <input type="checkbox"/> Oneota | Season Dec. - March All Year April - Nov. | Outdoor Skills <input type="checkbox"/> Archery <input type="checkbox"/> Advanced Orienteering <input type="checkbox"/> Beginning Orienteering <input type="checkbox"/> Cross-Country Skiing <input type="checkbox"/> GPS Pathfinders <input type="checkbox"/> River Canoeing <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Trees & Keys <input type="checkbox"/> Winter Survival | Season All Year All Year All Year Dec. - Mid-March All Year Variable Dec. - Mid-March All Year Nov. - Mid-March |
| Physical Sciences <input type="checkbox"/> Archery Engineers <input type="checkbox"/> Earth Exploration <input type="checkbox"/> Karst Geology <input type="checkbox"/> Stream Lab | Season All Year March - Nov. All Year April - Oct. | | |

NATURALIST PROGRAMS: (Led by Eagle Bluff Staff, 6:30-7:30) [Descriptions on our website.](#)

Would you like a raptor program? Yes No

If yes, please rank: RaptorCARE
 RaptorFORCE
 RaptorPHYSICS

Please rank your other top 4 selections:

| | |
|---|---|
| <input type="checkbox"/> Reptiles | <input type="checkbox"/> Timber Rattler |
| <input type="checkbox"/> StarLab (<i>max 50 people</i>) | <input type="checkbox"/> Spiders, Ticks, & Mosquitoes |
| <input type="checkbox"/> Legends in the Sky | <input type="checkbox"/> Invasive Species |
| <input type="checkbox"/> Unhuggables | <input type="checkbox"/> Backwoods Buttercup |

EVENING ACTIVITIES: (Led by Teachers/Chaperones, 7:30-9:00)

Please rank your top 5 selections. Plan to assign at least (1) adult per activity. [Download lesson plans on our website.](#)

| | |
|---|--|
| Indoor Options: <input type="checkbox"/> Movie (provide own or from E. B.) <input type="checkbox"/> Eagle Bluff Olympics <input type="checkbox"/> STEAM Challenges <input type="checkbox"/> Owl Pellets (\$3.00 charge per pellet) <input type="checkbox"/> Project Teamwork We will plan our own activities. Please describe: <i>Many groups plan their own activities. Examples are journal time, talent shows, capture the flag.</i> | Outdoor Options: Weather Backup: <i>(denote preferred indoor activity in case of inclement weather)</i> <input type="checkbox"/> Eagle Bluff-Led Campfire (<i>only available one night per trip</i>) <input type="checkbox"/> School-Led Campfire <input type="checkbox"/> Night Hike <input type="checkbox"/> Yard Games (<i>can accommodate 40 students at a time</i>) <input type="checkbox"/> Volleyball & Rec. time |
|---|--|

Signature: _____ Date: _____

Instructions: Please **SAVE** your completed form and e-mail, scan, or fax to:



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