



School Group Booking Form 2010-2011

School Group Name: _____

Contact Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Date(s) Requested: _____

Alternate Dates: _____

Approximate Number: _____

Grade(s): _____

Please fill-in form and return it as soon as possible to fax (403) 627-3515 or
email to schoolgroups@skicastle.ca

| | | | |
|--------------------|--|----------------------|--|
| Office Use Only | | | |
| Date Booked: | | Info Package Sent: | |
| Confirmation Sent: | | Group Info Received: | |