



Pre-Trip Logistics

Please send completed and signed form to:
Audubon Center of the North Woods
PO Box 530, Sandstone, MN 55072
Phone: 320-245-2648; Fax: 320-245-5272
Email: schools@audubon-center.org

Please return this completed form **TWO WEEKS** before your visit. Thanks!

School/Group Name: _____ Dates of ACNW Visit _____

Snack and Beverage Options

Groups are welcome to bring their own snacks or not have snacks at all. If you do bring your own, remember we do not allow food or beverages in our lodges. Snacks can be stored in our dining hall.

Please select which options, if any, you desire for your group.

Snack fees will be added to your final bill at the end of your trip.

Snacks (\$1.00/person per snack)

Popcorn	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Fresh fruit	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
String cheese	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Baby carrots	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Goldfish crackers	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Granola bars	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
S'mores	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening

Beverages (\$0.50/person)

Apple juice	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Lemonade	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening

Birthdays

We provide a birthday cake for those who have a birthday while here at no extra charge.
Please list the first names and dates of students with birthdays while at the Audubon Center.

Birthday names and dates:

School/Group Name: _____ Dates of Visit: _____

Learning Groups Assignments

Maximum of 15 students per group

Learning Group Name:		
1	6	11
2	7	12
3	8	13
4	9	14
5	10	15

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School/Group Name: _____ Dates of Visit: _____

KP Assignments

Assign **2 or 3 Adults (A)** and **5 Students (S)** for each of your group's KP times.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Breakfast	Breakfast	Breakfast	Breakfast
	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5
Lunch	Lunch	Lunch	Lunch	Lunch
A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5
Dinner	Dinner	Dinner	Dinner	Dinner
A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5	A1 A2 A3 S1 S2 S3 S4 S5
Snack	Snack	Snack	Snack	Snack
A1 S1 S2	A1 S1 S2	A1 S1 S2	A1 S1 S2	A1 S1 S2

Notes and comments:


School/Group Name: _____ Dates of Visit: _____


Room Assignments

Only assign students and adults to rooms that have been designated to your school or group. You will find your designated room numbers on your schedule.

CROSBY LODGE <small>(see next page if your group's designated lodging is in Schwyzer or Lowry Lodge)</small>			
ROOM 104		ROOM 105	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 108		ROOM 109	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 110		ROOM 111	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 112		ROOM 113	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 114		ROOM 115	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 116		ROOM 117	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8
ROOM 118		ROOM 119	
1	5	1	5
2	6	2	6
3	7	3	7
4	8	4	8

School/Group Name: _____ Dates of Visit: _____

SCHWYZER LODGE (22 beds) <i>(see previous page if your group's designated lodging is in Crosby Lodge)</i>	
Room #5 – upper south (3 bunks)	
1	5
2	6
3	
4	
Room #3 – upper mid-north (1 bunk)	
1	
2	
Room #4 – upper mid-south (1 bunk)	
1	
2	
Room #2 – upper north (2 bunks)	
1	3
2	4
Room #1 – lower level back room(4 bunks) 	
1	5
2	6
3	7
4	8

LOWRY LODGE (28 beds) <i>(see previous page if your group's designated lodging is in Crosby Lodge)</i>	
Room #5 - Upstairs 1 (3 bunks)	
1	5
2	6
3	
4	
Room #3 - Upstairs 3 (3 bunks)	
1	5
2	6
3	
4	
Room #4 - Upstairs 2 (3 bunks)	
1	5
2	6
3	
4	
Room #2 - Upstairs 4 (3 bunks)	
1	5
2	6
3	
4	
Room #1 – lower level (2 bunks) 	
1	3
2	4

Notes and comments: