Facility Use Form NJSOC

School/Organization		**# of Students**	
Contact Name		**Grade of Students**	
Contact Number		**Total Boys**	
Contact Email		**Total Girls**	
Mailing Address		**# of Teachers**	
City, State		**# of Chaperones**	
Zip		**Tot. Participants**	

Dates Requested	Days (M, T, W, Th, F, Sa, Su)

Wapalanne (# of Cabins)	Sequoya (Lenape or Seneca Lodge)

Services Request		
Food Services* (circle 1)	**Yes or No**	
Number of tables for meals (12 per table)		
Snacks (circle 1)	**Yes or No If yes, all nights? Yes/No**	**Juice & cookies/ Hot Choc. & cookies**
List all individual food allergies, special diets, vegetarians, etc., below:		

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To fulfill our mission to educate educators, and to help ensure you will get the schedule of sessions you request, your teachers will be expected to teach 50 percent of the NJSOC sessions after observing the NJSOC teachers. For NJSOC UseFor NJSOC Use

Requested NJSOC Sessions	Will your teacher take over this session?

Rec'd Date:	Rec'd by:	Contacted Date: