



Excursion Application Form

Phone Number

(____) _____
Area Main Office Number
Code

Fax Number

(____) _____
Area Main Office Number
Code

School/Organization Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Contact Name: _____ **Email:** _____

No. of Children: _____ **Ages:** _____ **No. of Supervisors:** _____

Date of Visit (M/D/Y): _____ **Time of Visit:** _____

Type of Visit: Self Guided Tour Grade 3 Early Settlement Unit
 Guided Tour Classroom Specific Program
(ask for details)

Comments & Special Needs: _____

e.g. Food Allergies, Physically Challenged, Developmentally Challenged, ESL. Gifted, etc.

DO NOT SEND PAYMENT WITH THIS FORM

Mail to: Georgina Pioneer Village
26557 Civic Centre Road
Keswick, Ontario
L4P 3G1

Fax to: (905)476-7492

CANCELLATION & MODIFICATION POLICY

The full cost of your visit as shown on your confirmation will be charged upon arrival unless you notify by phone (905-476-4305 ext. 284) of any changes 1 week prior to the date of your visit. In particular, you must notify us of a decrease in your numbers.

OFFICE USE ONLY

Cost Per Child (\$): _____ **Date Received (M/D/Y):** _____

Confirmed: YES NO **Signature:** _____