



Facilitator's Planning Checklist

Email 2-3 Weeks Prior To Hike

Important note: please complete this form and email it to education@cpaws.org
THE HIKE CANNOT PROCEED UNTIL WE RECEIVE THIS FORM.

Today's date:	Group Name:	
Phone Number:		
Name of facilitator:		
	# of children in Group 1: (group max is 34) # of children in Group 2: (group max is 34) # of children in Group 3: (group max is 34)	
Date of Program:		
Location: Bebo Grove parking		
	<u> </u>	
	ONT parking 14th Street park	
	Troll Falls Foran Grade	
Beauvais Lake Provi	ncial Park Castle Provincial	Park Yamnuska
Name & cell number for each facilitate	or on the day of the hike:	
	•	
a roll of toilet paper arranged name tags for all participar no more than 34 participants in each read the required material in the Hik Please describe any allergies, medical co	th group (15-20 max recommended ting Package	
Participants have signed the CPAWS Southern A waivers, including facilitators. have been told that we will be in a p have been asked to bring all of the form garbage-free lunch sunscreen sturdy/flat/close-toed foot	park setting where there are no wash following: jacket & extra sweate insect repellent	nroom facilities r hat and mitts
If booking a bus for Kananaski	I know where and when we will m is: Confirm the bus company has a pany knows that the bus and driver exceptions)	Kananaskis Conservation Pass