

AUTUMN ACRES GROUP HEAD-COUNT FORM

School/Group: _____

Trip Date: _____ Grades: _____

Group Leader Name: _____

Contact Number: _____ Email: _____

Student Roster (Rate/Student \$____)

Adult Roster (Rate/Adult \$____)

Total Cost _____

Total Cost _____

Student Roster (Rate/Student \$____)

Adult Roster (Rate/Adult \$____)

Total Cost_____

Total Cost_____