



YMCA
Children's
Safety Village
of London Area

BOOKING REQUEST FORM

School: _____

Board: _____

Teacher Name: _____

Teacher Email Address: _____

Program Grade: _____

Student Grade(s): _____

Number of Students: (max of 60) _____

Date Requested: _____

Second Choice: _____

Third Choice: _____

Check Preferred Booking Time: AM PM

Authorization/Acceptance:

By completing/submitting this form I understand that the YMCA Children's Safety Village will respond via email ONLY. If the reply confirms that one of my three requested dates has been excepted it is my responsibility to arrange transportation and to ensure my schools attendance on the confirmed date/time. If my request is rejected due to availability it is my responsibility to resubmit a second request with additional dates/times.