



Hale Person Contacted:

Date Client Contacted :

How They Heard of Hale:

Returning

New Client

**Contact information -**

Group/School Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Dates & Times, Enrollment**

Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Departure time: \_\_\_\_\_

Estimated Enrollment #: \_\_\_\_\_

# of Chaperones: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

Lunch:



School Provided

Pack Own

Catered

Lunch time: \_\_\_\_\_

Number of Groups: \_\_\_\_\_

Location: \_\_\_\_\_

Divided By: \_\_\_\_\_

Fee/Rate Info: \_\_\_\_\_

Transport: \_\_\_\_\_

Notes: Please indicate anything we should know about the group, goals, schedule, special needs, etc.

Total Fee: \_\_\_\_\_



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[www.HaleReservation.org](http://www.HaleReservation.org)