

**SURVIVE ALIVE HOUSE  
REQUEST FOR INFORMATION FORM  
PRIVATE SCHOOL**

**Date** \_\_\_\_\_

**Please complete and return form to the Survive Alive House via mail or fax (414) 385-3244. If you have any questions please call (414) 385-3240.**

**PLEASE BRING A CURRENT CLASS LIST THE DAY OF THE TRIP WITH STUDENTS FULL NAME AND BIRTH DATE, PLEASE NOTE ABSENT STUDENTS.**

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**Please print clearly.**

School Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Principal \_\_\_\_\_

Contact Person \_\_\_\_\_ Job Title \_\_\_\_\_

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

Please list the # of 7 – 12 year olds below

<b><u>Teacher Name</u></b>	<b><u>Grade</u></b>	<b><u>#Students</u></b>	<b><u># of Wheelchairs</u></b>	<b><u>Do Not Write</u></b>