

SOHL 2009 IMMERSION CAMP FOLLOW-UP FORM

*Please type or print legibly in black ink.*

A. IDENTIFICATION

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence: \_\_\_\_\_

B. OPERATION OF IMMERSION CAMP

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Enrolment: \_\_\_\_\_  
                  [Preschool]                    [School Age]                    [Adults]                    [Total]

Number of Instructors/Staff: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_ Non-profit Corp #: \_\_\_\_\_

C. PROGRAM OBJECTIVES

Describe the activities for which this funding was used:

