

**BRUIN WOODS FAMILY RESORT 2010**  
**FINAL ARRANGEMENTS** – Please send with your final payment

NAME \_\_\_\_\_  
 (Please print your name clearly)

WEEK# \_\_\_\_\_

**NAMES AND OCCUPATIONS FOR PICTURE BOARD & NAME TAGS**

ADULT \_\_\_\_\_ Occupation (as specific as possible)

ADULT \_\_\_\_\_ Occupation (as specific as possible)

ADULT \_\_\_\_\_ Occupation (as specific as possible)

Other persons in your party \_\_\_\_\_ Grade (age under K)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If someone in you family is having a Birthday or Anniversary during your stay, we would like to help you celebrate!

(Check One)

Birthday \_\_\_\_\_ or Anniversary \_\_\_\_\_

Name \_\_\_\_\_

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

Age \_\_\_\_\_ or # of Years \_\_\_\_\_

We would like to have your room perfect when you arrive. Please let us know if anyone in your family: needs a crib or bed rails etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*All rooms now have foam pillows and non wool blankets\*\***

**List cars you will be bringing**

Make/model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Make/model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Make/model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Please tell us if you require a vegetarian dinner instead of the pre-set menu. Also, list any other dietary restrictions

Name	Veg.	Other	Please Explain
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Someone in our family has a special need to be considered as they are scheduled for activities.

Name	Please describe special situation
_____	_____
_____	_____
_____	_____

\* If further explanation is need use back of sheet or send note

**FAMILY PHOTO RELEASE**

I consent to use of my videotape and or photographs taken of myself, my family and my guests while attending UCLA BRUIN WOODS for the purpose of a general descriptive advertisement about BRUIN WOODS.

\_\_\_\_\_  
 Mom's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Dad's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Adult Guest's Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize BRUIN WOODS to release the following to fellow BRUIN WOODS guests

E-mail address  yes  no

Phone number  yes  no

**EMERGENCY AUTHORIZATION**

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BRUIN WOODS Director or Assistant Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for me or my child as named on this page.

\_\_\_\_\_  
 Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR EMERGENCY PURPOSES MY CELL PHONE # IS:

\_\_\_\_\_

**\*\*Fax 909-337-1030\*\* - Email – [bwresort@ucla.edu](mailto:bwresort@ucla.edu) or Mail – BW Resort Box 160 Lake Arrowhead, CA 92352**