

**SOLO  
COURSE LOGISTICS & SUMMARY FORM**

*This document serves as a permanent record of the course.  
Please fill out completely.*

FOR OFFICE USE ONLY	
JM/LF: Contract	_____
PH: Dep. Inv.	_____
PH: Spreadsheet	_____
LF: Calendar:	_____
SB/GJ: Pre-Log	_____
INST: Post-Log	_____
JM: Inv. Req.	_____
JM: Close Date	_____

Dates of Course: \_\_\_\_\_ Location: \_\_\_\_\_  
 Name of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 Sponsoring Agency: SAN JUAN SCHOOL OF WILDERNESS EMS  
<http://sanjuanems.org/education/wilderness-school/>

**CONTRACT INFORMATION—This is critical**

Contact Name: LAINIEY VOLK  
 SHIPPING Address: 540 SPRING ST. FRIDAY HARBOR, WA 98250  
 Billing Address: PO BOX 2178 FRIDAY HARBOR, WA 98250  
 Contact Phone Number—Day: 360-378-5152 X3 Eve: 360-378-5403  
 Fax Number: 360-378-3583 E-mail: solocourses@sanjuanems.org  
 Cell Number: 360-378-8072 Pager #: \_\_\_\_\_  
 Terms of Contract: contract net 30 Date Signed Contract Returned: \_\_\_\_\_  
 Deposit Required: \_\_\_\_\_ Date Deposit Paid: \_\_\_\_\_  
 Discounts Offered: \_\_\_\_\_

**REGISTRATION INFORMATION**

Open Enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_ Enrollment Limit: \_\_\_\_\_  
 Enrollment update (List number of students and date checked:) \_\_\_\_\_  
 \_\_\_\_\_  
 Cost Per Student: \_\_\_\_\_  
 Cost Includes (Check all that apply):  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Lodging \_\_\_\_\_ Text \_\_\_\_\_  
 Handouts \_\_\_\_\_ Certification \_\_\_\_\_ CEU credits \_\_\_\_\_ CPR Certification \_\_\_\_\_  
 Additional Costs: \_\_\_\_\_  
 Copies of Certifications Required in Advance? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, indicate which ones)  
 \_\_\_\_\_

**LOGISTIC INFORMATION**

	Expense Agreements	Actual Expenses
<b>Airfare</b>		
<b>Mileage</b>		
<b>Airport Flat Rage</b>		
<b>Parking</b>		
<b>Rental Car</b>		
<b>Tolls</b>		
<b>Meals</b>		
<b>Lodging</b>		
<b>Shipping</b>		