

TORONTO



STUDENT EVENING ACTIVITIES

COMPANY NAME: _____

WEBSITE: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT NAME: _____

TITLE: _____

DIRECT LINE: _____

EMAIL: _____

ATTRACTION DESCRIPTION

DESCRIPTION OF EVENING ACTIVITY

GROUP DETAILS

TORONTO



Evening hours of operation (range): _____

Minimum/ maximum group size: _____

Cost(s) of your evening activity:

Comp. policy details: _____

Average length of time required: _____

Do you offer student friendly dining options on site? (Provide price range):

Do you offer vegetarian, vegan or gluten-free menu items?

Is there a group dining area available? _____

Wheelchair accessible? Provide details on accessibility:

Is motor coach parking available on site?

If yes, is there a charge? _____

Cancellation policy details: _____

Educational value/ program available: _____

Languages available for evening activity: _____