

Camp Cascade

Conference and Retreat Center

Rental Agreement:

Dates of stay: _____ Group Name: _____

Group Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Upon arrival, a member of our staff will greet you and answer any questions you may have. We also will need to talk with your group regarding Camp Cascade. Please indicate what time you would like us to meet with your group. _____

Number of Attendees:

Adults: M _____ F _____ Youth: M _____ F _____

Date of Arrival: _____

Arrival Time: _____ am/pm

Lodge to be used: _____

Meals to be served on arrival day (circle all that apply):

Breakfast Lunch Dinner

Cinnamon roll snack: Yes _____ No _____

Date: ____/____/____

Time: _____ am/pm

Vegetarians: Yes _____ No _____ How many? _____

Forms to return:

- () Reservation deposit () Smoke Alarm Addendum
() Rules & Regulations Addendum () Menu/Catering Request

I, the undersigned, have read and agree to this contract and all corresponding addendums. I am over 21 years of age and am authorized by the group to represent them in this contract. Thus, I accept responsibility as leader of said group and agree to contact the camp office if I should be replaced.

AUTHORIZED SIGNATURE

TITLE

DATE