

## Summer Camp Housing Request – 2017

*The rate is \$10 per person/per night*

**WE HAVE LIMITED SPACE THIS SUMMER – DEPENDING ON YOUR DATES, WE MAY NOT BE ABLE TO ACCOMMODATE THE SIZE OF YOUR GROUP AND/OR THERE MAY BE ANOTHER GROUP IN THE BUILDING DURING YOUR CAMP DATES**

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

Name of Camp/Organization: \_\_\_\_\_

Requested Dates: \_\_\_\_\_

If you have any “early arrivals/late stays” please include those dates

Check-In Date/Time: \_\_\_\_\_ Check-Out Date/Time: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of adult supervisors who will stay overnight in building: \_\_\_\_\_

Number of rooms requested: \_\_\_\_\_

There will be a \$100 charge for each key not returned. If the group is issued an exterior key, the cost of this key is \$2000 if not returned. The Group will be charged for any damage that may occur in the building during their stay. If there is more than one group in the building and there is not determination of who is responsible for the damage, all groups may be charged.

There must be adult supervision by the camp when campers are in the building.

On-site Contact Person: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signature of Group Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use:

Date Request Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Floor/Room Assignments: \_\_\_\_\_

Custodial Staff Notified: \_\_\_\_\_

Summer Housing Staff Notified: \_\_\_\_\_