

CAMP SHADOW PINES USER AGREEMENT

Date:		Group Name:	
Contact Person:		Contact Numbers:	
Address:			
<i>THIS AGREEMENT BETWEEN CONCERN, INC. AND THE UNDERSIGNED PARTY IS FOR THE RENTAL OF CAMPING FACILITIES AT CAMP SHADOW PINES AND IS SUBJECT TO THE TERMS AND CONDITIONS HEREIN STATED.</i>			
Arrival Date:	At	Departing Date:	at
Number of Campers:	at	\$	\$
Number of Early Campers:	at	\$	\$
Extras Itemized Below:			\$
			Total Contract: \$
* NOTE *MINIMUM AMOUNT DUE : (85%) ON THIS CONTRACT IS :			
25 % DEPOSIT :	PLUS	REFUNDABLE CLEANING DEPOSIT:	=
DATES:			EXTRAS
BREAKFAST			
LUNCH			
DINNER			
SNACKS			
LODGING			
KACHINA			
BUNKHOUSE			
GUEST HSE			
WIGW/WIKI			

TO CONFIRM THIS RESERVATION A 25% DEPOSIT IS REQUIRED. **THE BALANCE OF THIS AGREEMENT IS DUE AT SETTLEMENT, THE MORNING OF DEPARTURE.** THE CLEANING DEPOSIT WILL BE RETURNED IN ONE WEEK IF ALL AREAS USED BY THIS GROUP ARE LEFT IN CONDITION IN WHICH THEY WERE FOUND. THE ABOVE CONTRACT AMOUNT COVERS THE COST OF LODGING, FOOD AND USE OF ALL FACILITIES AS INDICATED ABOVE. **PLEASE SEE PAGE 2 REGARDING RULES AND REGULATIONS.**

***** PLEASE NOTE: ARRIVAL AND DEPARTURE TIMES MUST BE STRICTLY ADHERED TO! *****

CANCELLATION TERMS: DEPOSIT WILL BE RETURNED WITH AT LEAST 90 DAYS WRITTEN NOTICE; THEREAFTER THE DEPOSIT WILL BE FORFEITED. 85% OF THE CONTRACT AMOUNT WILL BE CHARGED FOR CANCELLATIONS LESS THAN 30 DAYS BEFORE THE SCHEDULED CAMP. IF THE NUMBER OF CAMPER IS FEWER THAN CONTRACTED AMOUNT, USER AGREES TO PAY NO LESS THAN 85% OF THE ORIGINAL AMOUNT OF THIS AGREEMENT.

THE SIGNEE HEREIN AVOWS THAT HE/SHE IS THE AGENT OR REPRESENTATIVE OF THIS GROUP AND HAVING READ THIS CONTRACT, HAS THE AUTHORITY TO EXECUTE THIS AGREEMENT.

<p>GROUP NAME: _____</p> <p>SIGNED BY: _____ <small>(RESPONSIBLE PARTY) (DATE)</small></p> <p>PRINTED NAME: _____</p> <p>CELL PHONE #: _____</p> <p style="text-align: center;">** NOTE: PAGE 2 MUST ALSO BE SIGNED AND DATED ***</p>	<p>Settlement in Camp Manager's office the morning of departure, 9AM.</p> <p>NAME OF CAMP LEADER: _____</p> <p>CELL PHONE: _____</p>
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**Please sign and return ONE copy with your deposit.
 This contract will be considered VOID if not returned within 10 days from above date.**

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DEPOSIT RECEIVED: _____
DATE: _____

BALANCED PAID: _____
DATE: _____