

## **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:				\$				
				<b>Total Contract: \$</b>				
<b>*NOTE* MINIMUM AMOUNT DUE: (85%) ON THIS CONTRACT IS:</b>				\$				
<b>25% DEPOSIT:</b> \$		<b>PLUS REFUNDABLE CLEANING DEPOSIT:</b>		\$	= \$			
<b>DATES:</b>								<b>EXTRAS</b>
BREAKFAST								
LUNCH								
DINNER								
SNACKS								
LODGING								
PINES								
BUNKHOUSE								
MODULAR								
ADDITIONAL								

**TO CONFIRM THIS RESERVATION A 25% DEPOSIT IS REQUIRED. THE BALANCE OF THE AGREEMENT IS DUE AT SETTLEMENT, THE MORNING OF THE 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 SIGNED HEREIN AVOWS THAT HE/SHE IS THE AGENT OF REPRESENTATIVE OF THIS GROUP AND HAVING READ THIS CONTRACT, HAS THE AUTHORITY TO EXECUTE THIS AGREEMENT.**

<b>GROUP NAME:</b> _____  <b>SIGNED BY:</b> _____ <small>(RESPONSIBLE PARTY) (DATE)</small>  <b>CELL PHONE #</b> _____  <b>PRINTED NAME:</b> _____	<b>NAME OF CAMP LEADER:</b> _____  <b>CELL PHONE #</b> _____
<b>*** NOTE: PAGE 2 MUST ALSO BE SIGNED AND DATED***</b>	
<b>Please sign and return ONE copy with your deposit. This contract will be considered void if not returned within 10 days from the above date.</b>	
DEPOSIT RECEIVED: _____ DATE: _____	BALANCE PAID: _____ DATE: _____