ROCKHAVEN RESERVATION CONTRACT

Contract

Organization:	Arrival Date:	Time:	
Address:	Departure Date:	Time:	
City:	Estimated # of people:		
State: Zip:	Description of event (i.	Description of event (i.e. meeting, retreat, camp, etc.	
Phone:			
Contact Name:			
Contact Cell:			
Facilities and Program Requests:			
□ Seasonal Overnight Facility Rental (\$25 per □ Winter Facility Rental (\$35 per person per □ High Ropes Challenge Course (\$25 per per □ Low Ropes Challenge and Initiatives Course □ High and Low Combined (\$35 per person) □ Rock Climbing Tower (\$15 per person) \$15 □ Group Game Leader (\$25 per hour of game □ Storyteller / Campfire with Scott Thrasher □ String Games and Figures with Scott Thrasher □ Teamwork and Team play Facilitator − (\$2 □ Dutch Oven Meal (\$10 per person) □ Other Request:	r night) Minimum 12 people or \$2 rson) Minimum 10 people or \$2 se (\$15 per person) 50 minimum nes) r (\$50 – Typically 1-2 hours) sher (\$25 – Each person receive	\$420 250 Is a string) de or out)	
I have read the rental information, rules and guide to abide by those rules and guidelines. Our group indemnify them against any losses arising out of o that our insurer will be the primary insurer for any provided upon request.	waives all right of action agains our group's occupancy. By signir	st Rockhaven Camp and agrees to ng this contract our group agrees	
Authorized Signature:	Date:		
Print Name			

NOTE: This contract and deposit must be received within 15 days of your Reservation Request (unless otherwise agreed upon) to guarantee a reservation. Without a prior Reservation Request, this contract and deposit are subject to availability. Minimum Fee Deposits are non-refundable. Total balance due at check-in.