



Confirmation Number:

Group Reservation Application

Camp Caretaker
618 NE 232 Avenue
Camas, WA 98607
360-834-3384

- 1** First confirm your reservation request by phone with the camp caretaker. 360-834-3384
- 2** Next, mail in this application, a copy of your Certificate of Insurance, and (* Donation Deposit if applicable) **within 10 working days to the Camp Currie Caretaker.** Be sure the application is signed by your organization's authorized agent.
- 3** Mail in your Donation and Donation Record Sheet.

Size of your camping party

Date In _____ Arrival Time _____ Number of youth _____

Date Out _____ Departure Time _____ Number of adults _____

An entrance donation of \$4 per person - per day (24hrs) is requested. Total donation \$ _____

Facilities Requested:

- Lodge - 32 Bunks
- Tent Sites West
- Covered Cook Area

- 3 Adirondaks -12 Bunks each
- Tent Sites East

* Donation Deposit for Large Groups

In the event that the whole camp is requested, a deposit of \$300 (per day of use) is requested with the application. This equals 50% of the \$600 minimum donation requested. In the event that a group of 25 or more apply for camp use, a Deposit equal to 50% of the total donation is requested with the application.

Organization : _____ Phone: _____ email: _____

Mailing Address: _____

Insurance Co. _____ Policy No. _____

Adult in charge: _____ Phone: _____ email: _____

First Aid Card Holder: _____ Expiration Date: _____

Release Statement

J.D. Currie Youth Camp, their officers, agents and employees are released from all liability and shall be held harmless for all damages, both for bodily injury and property damage, which may occur from our use of the camp grounds. I hereby agree to abide by all **Camp Currie Regulations and Safety Standards (CCRS10-2006)**. I shall ensure that all campers understand the rules for use of the camp. I understand that our organization is responsible for any and all damage, loss or misuse of buildings and property during our stay at Camp Currie. I will immediately notify the camp caretaker of any problem, accident, change in date/time, number of participants or cancellations. All improvement projects will be cleared with the caretaker before the work is started. Abuse of the Regulations and Safety Standards will limit future use of the camp.

Signature _____ Date _____
Authorized Agent for
(name of organization) _____