Shohola Outdoor Center
105 Weber Rd.
Greeley, PA 18425
Telephone: 570-371-4760
Fax: 570-504-1702
Email: Office@shohola.com

Agreement

Date:_____

Name of group:_____

Type of outing:_____

Number expected to attend and applicable rates.

	Number	Rate PPPD	No. Days
Staff	_____	_____	_____
Campers	_____	_____	_____

Arrival	Departure
Date: _____	_____
Time:_____	_____
First Meal:_____	Last Meal:_____

Adult responsible for group:

Name:_____ Home Phone:_____

Address:_____ Work Phone:_____

_____

Deposit: To confirm this reservation, a non-refundable deposit of $500.00 must accompany a signed copy of this agreement. Please make check payable to Camp Shohola Inc.

Insurance and health care: Each group must provide its own certificate of insurance. By signing this agreement, you agree to waive Camp Shohola's liability for your group and to assume responsibility for the insurance of your group and for the health care of your group.

I have read the above terms and the accompanying guidelines and agree to uphold them on behalf of the group.

_____ _____
Signed: Group Leader Date

For Shohola Outdoor Center_____
Approval signature

Please return one copy of this agreement to:
Camp Shohola
105 Weber Rd.
Greeley, PA 18425