



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.

| | <u>Number</u> | <u>Rate PPPD</u> | <u>No. Days</u> |
|---------|----------------------|-------------------------|------------------------|
| 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