



Confirmation Contract

To confirm your request for reservations at Camp Chippewa, please **complete this form and return within 10 business days and with the required *deposit. Reservations will not be confirmed until this form and the deposit are returned.** Should your group wish to change activities or services, you must notify the camp office 30 days prior to your group's event. If scheduling reservations within the 30 days your numbers contracted for activities and services are to be stated on this contract.

Name of Church or Organization: _____

Contact Person: _____

Phone: _____

Email address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Estimated number in attendance: _____

Type of group: _____

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Departure Time: _____

Facility Areas Your Group is interested in Scheduling – Please (x)

- *Asbury Lodge
 *South Lodge
 *North Lodge
 *Coldsmith Lodge
 *Picnic Shelter area(s)
 Dining Hall Meeting Area
 Outdoor Worship Area
 Tenting Area
 *Middle Cabin

Activities or Services Your Group is interested in Scheduling

1. Your group has tentatively scheduled for the camp to provide activities we have available for group event. You will need to **return this completed form with your \$50.00 activity deposit no later than 10 days prior to your group's arrival to the site.**
2. All activities need to be scheduled through the camp office prior to reserved dates. All require camp staff leadership, and scheduling of time frames for the number of persons which are participating. Completed release forms will be required by all participants prior to participation. Contact the office for these forms.

Trail Rides: Date _____ Day of week _____ # of participants _____ (Must be 4th grade or older, under 250 lbs. and able to pass arena test).

Lead Rides: Date _____ Day of week _____ # of participants _____ (Weight limit 250 lbs.).

Horse Drawn Wagon Rides: Date _____ Day of week _____ # of participants _____ (5-7 people max).

Wagon Rides (Tractor): Date _____ Day of week _____ # of participants _____ (max. 24 people).

Low Ropes Course: Date _____ Day of week _____ # of participants _____ (10-15 participants)

Paddle boats/Canoeing: Date _____ Day of week _____ # of participants _____ (max 25 per group)

Swimming Pool: Date _____ Day of week _____ # of participants _____ (max 25 per group).

Archery: Date _____ Day of week _____ # of participants _____

Fishing: Date _____ Day of week _____ # of participants _____ (staff, fishing poles & bait supplied).

AV Equipment: Date _____ Day of week _____ Location _____ (set up is included).

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- **On the back side of this form you will find the Food Service Contract.**

Food Service Contract

() We will prepare our own meals in the cabin we are requesting reservations for.

() We would like our meals provided by Camp Chippewa.

1. Your group has tentatively scheduled meal service to be provided for your group. You need to return this completed form with your deposit of \$100.00 no later than 14 days prior to your groups arrival to the site.
2. Food Service: There is a minimum of 20 persons required for Camp Chippewa to provide meals. We can provide meals for a smaller group with the understanding that you will be charged for the minimum of 20 persons.
3. Please complete the following for the number of meals you are contracting for.

*Date _____

M T W TH F Sat Sun

Breakfast # of meals _____
Lunch # of meals _____
Supper # of meals _____

*Date _____

M T W TH F Sat Sun

Breakfast # of meals _____
Lunch # of meals _____
Supper # of meals _____

*Date _____

M T W TH F Sat Sun

Breakfast # of meals _____
Lunch # of meals _____
Supper # of meals _____

* Date _____

M T W TH F Sat Sun

Breakfast # of meals _____
Lunch # of meals _____
Supper # of meals _____

Meal times are as follows: Breakfast 8:00 am
Lunch 12:00 pm
Supper 5:30 pm

****Group Insurance:** It is required by the Camp Chippewa Office that all groups requesting use of the facility provide us with a copy of their group insurance information. This insurance will be the primary coverage for the group while using the camp's facilities. This information needs to be mailed to our office no later than 10 days prior to your group's arrival to the site.

**** Deposits will be 1/2 of the cost of Lodging, \$100.00 deposit for Food Service, and \$50.00 deposit for Activities. Please feel free to combine your deposits into one payment.**

Group Agreement: We (group reserving these dates) will carefully observe all rules and regulations set in the Policies Governing Reservations at Camp Chippewa, mailed with this form, and agree to interpret them to everyone in our group and comply with them. The Camp Management has the right to refuse service or remove a group who is not in compliance with these guidelines.

Responsible Adult _____

Date _____