



CAMP RENTAL EVENT DETAIL SHEET

Name of Organization: _____

Name/Type of Event: _____

Contact Person: _____

Address: _____

Home Phone #: _____

Work Phone #: _____

Cellular Phone #: _____

Fax Number: _____

Date of Event _____ -Through _____

Start Time _____ End Time _____

Number of People: _____ Kids: _____ Adults: _____

Insurance: Yes _____ No _____ If yes, is the policy attached? _____

Worker #1: _____ Tel: _____

Worker #2: _____ Tel: _____

Worker #3: _____ Tel: _____

Worker #4: _____ Tel: _____

Worker #5: _____ Tel: _____

Notes: _____
