



CAMP CHERITH of WNY
Reservation Request
 585-993-4702

Return completed form to:
Diana Gressinger
 7293 Rt. 36
 Dansville, NY 14437
 executivedirector@campcherithwny.org

Group Name		Group Leader	
Sponsoring Organization		Organization Leader/Contact	
Organization's Phone		Organization's Email	
Organization's Mailing Address		Group Leader's Phone	
		Group Leader's Email	
Organization Type: (Circle all that apply) Church School Private Youth group Adult group Family Incorporated 501.3c Association Not-for-profit			
Primary Activity of Group:			
Estimated Group Size		Minimum Group Size	

Arrival Date		Estimated Arrival time	am pm
Departure Date		Estimated Departure time	am pm

Please Note:
 A non-refundable deposit equal to 20% of your reservation must be submitted within 14 days or the reservation will be forfeited. Reservations may be transferred. Any cancellation less than 14 days prior to arrival date will forfeit the deposit

Dining hall fee does not include food service.

Please keep a copy of this form for your records.

Be sure to read:
 CCWNY Rules and Requirements
 Group Introduction and Guidelines

Facility	Daily (24 hr)	Weekend (48 hr)	Weekly 6 days/nights	Total
Total facility (all buildings-no per person fee)	\$1500	\$2500	\$5000	
Dining hall and kitchen facility (alone or with accommodations)	\$100	included	included	
Pool (in season -upon request)	\$100	\$200	\$300	
Cleaning-group must clean after use. \$25 fee only if facilities not as found upon arrival				
Accommodations: per person/per night 1-10 = \$15 11-30 = \$12 31-100 = \$10	Buildings will be assigned as needed			
		Total		
Total buildings will accommodate approximately 100 people for sleeping. Dining can seat approximately 120 people.	Deposit Received			
	Balance Owed			

I understand that I will be responsible for the group under my charge. I agree to take responsibility for any damage or loss to camp property. I have reviewed the Rules and Responsibilities provided to us and agree to uphold them. I am also responsible for any personal injuries to any member of our group, due to negligent or accidental behavior of anyone in our group. I also release Camp Cherith WNY and any employees or volunteers of any responsibilities from any of the same.

Name of Insurance Carrier: _____

Policy Number: _____ Date _____

Signature of Group Leader assuming responsibility: _____

Printed name of Group Leader assuming responsibility: _____