

## **DAY RENTAL APPLICATION FORM**

## **GROUP/ORGANIZATION INFORMATION**

Group Name:	
Group/Organization Address/City/State/ZIP:	
Group Phone:	Group Website:
Group/Organization e-mail:	
Do we have a copy of proof of liability insuran	
(Please check)YESNO, a copy is	
CONTACT PE	RSON/GROUP LEADER INFORMATION
Contact Name:	Home Phone:
Cell Phone:	Contact e-mail:
Home Address:	AND AND AND
	ALLE MARKET
	EVENT INFORMATION
Day Rental Date ://	* /
Facility Reserving: (Check all that apply)	
Parker HouseMain Camp (Knarr Dining Hall) Traber Center Creekside Gym	Main Camp (Scott House) Main Camp (outside grounds)
Time of Arrival:	Time of Departure:
Type of Group/Purpose of Retreat:	
Total Number Expected: Do you need	Sankanac to provide meal service? Circle: YES NO
Starting Meal:	
Please list desired meal times:	
If using Parker House, will you need access to	a kitchen? Circle: YES NO
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and all liability for or by reason of any injury or dam group using Camp Sankanac property and facilities. registration, pricing, cancellations, and retreats as li	nd BCM International and any personnel thereof are hereby released from any age of any nature whatsoever which may be sustained by any member of the I have also read and will comply with Camp Sankanac's policies on rules, isted on the website. I understand that smoking, alcohol, and drug use are ternational's statement of faith found at www.bcmintl.org/who-we-are/what-
Authorized Signature:	Date:
Authorized Signature.	Date
Sankanac: Rates are for 4 hours, \$250 for Parker H Conference rm \$200, Gym \$85/hr. The reservation per person costs of your event. Please do not subr Camp Sankanac, 68	non-refundable reservation fee in the form of a check made payable to Camp louse, \$300 for Main Camp, \$100 Creekside, \$350 Traber Center, Scott or Gym fee is non-refundable should you choose to cancel, is also in addition to any mit this application unless you have read our policies in full.  Bertolet School Road, Spring City, PA 19475  E-mail: guestservices@campsankanac.org
	OFFICE USE ONLY
Č CVII Name	

Date Received:

Staff Signature: