

Camp Wasewagan Retreat Agreement Form

42121 Seven Oaks Rd, Angelus Oaks, CA 92305 - 805-498-5572

Wasewagan.com ~ Adventures@wasewagan.com

Organization/Group Name _____
Contact Name _____ Phone # _____
Address _____
Age of Guests _____ Email _____
Arrival Date _____ Time _____ (fees based on 24-hour period)
Departure Date _____ Time _____
Number of Girls _____ Boys _____ Women _____ Men _____

\$28/\$38 per person/night & \$11 per person/meal (Call for Meal Upgrades!)

Optional Activities

Person responsible for age appropriate CPR/AED, and first aid _____

Person responsible for financial obligations _____

The user group is responsible for the group and its behavior and must have their own rental, medical, and liability insurance.

How Did You Hear of Camp Wasewagan? _____

Have you attended Wasewagan? Yes / No - If yes, when _____

The Deposit is Due 2 Weeks After Your Reservation is Made.

Deposits are non-refundable and are \$25 per person. It can be paid using either *credit card or check*. If using a check, please make it payable to Camp Wasewagan. Return this form filled out along with the deposit to the address above in order to reserve your weekend.

If we don't receive your deposit, the reservation spot will open up for other groups.

After receiving your deposit, you may cancel 3-5 people depending on size of your group. You will be financially responsible for full payment on the remaining reservations.

Balance Due Must Be Paid Upon Arrival or Before Camp Date.

For all Retreat Groups: We require the credit card information to be filled out and will be held for 6 days after your retreat. You will be not be charged as long as the camp is in the same condition, and nothing has been damaged, lost, broken, misplaced, extra services rendered, or camp not cleaned.

VISA/MC/AMX/DISC # _____ Amount to Chg. _____

Name on Card _____ Exp. Date _____ Zip Code _____

Signature for Credit Card _____ Date _____

Deposit Options: Checks and Credit Cards Excepted.

Check Enclosed CK# _____ Amount _____

Charge Credit Card for Deposit (3% Fee Applied) Chg. Amount _____

I authorize Camp Wasewagan to Charge my Credit Card. **(Additional 3% fee applied)**

VISA/MC/AMX/DISC # _____ Amount to Chg. _____

Name on Card _____ Exp. Date _____ Zip Code _____

Signature for Credit Card _____ Date _____

Crazy Craig's After Hours/Weekend # 310-702-5572

For Office Use Only

Date _____ Check/CCA# _____ Amount _____