

Crazy's Wasewagan Camp & Retreat Wedding Agreement Form

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

www.wasewagan.com - Adventures@Wasewagan.com

Name _____ Phone # _____

Name _____ Phone # _____

Address _____

Email _____

Person Responsible for financial obligations _____

Please List Approximate Number of Guest For Each Day/Night

Thursday _____ Friday _____ Saturday _____ Sunday _____

Arrival Date _____ Time _____ Wedding Date _____

Departure Date _____ Time _____

Final Number Of Guest, Menu & Meal Times Must Be Completed 2 Weeks In Advance.

Pricing - (Minimum 2 Nights & 4 Meals for 125 Guest is Required for Fri. & Sat. Night)

- Day/Night Guests \$38 Per Person Per Night
- Meals \$13-\$14 Per Person Per Meal (Kids 4 & under free)
- Wedding Dinner \$24/\$28 Per Person (One or Two Entrée Option)
- Service Fee For Wedding Dinner Only 18%
- Consulting Fee \$1,000
- Optional Activities Added /Moving Tables & Benches
- Trailers/RV's \$50 Per Day (no waste disposal available)

To Reserve Your Special Event: We require a \$2,500 non-refundable deposit with our agreement form filled out. This can be paid with either a *credit card or check*. Please make checks payable to Craig Johnson (owner/operator) or Camp Wasewagan.

Camp Wasewagan requires credit card information to be held for the amount of \$500 for 7 days after the event to ensure that the camp is in the same condition and that nothing has been damaged, lost, broken, misplaced or dirtier than before arrival.

VISA/DISC # _____ EXP _____

Name on Card _____ Billing Zip Code _____

Signature for Card _____ Date _____

- ◆ If you will be creating a website, please run it by us before posting it.
- ◆ Camp Wasewagan is not responsible for any lost, stolen, damaged or broken articles.
- ◆ Wedding insurance is a must for your event to take place. Call for details.

Deposit Options: Checks and Credit Cards Excepted.

Check Enclosed CK# _____ Amount _____

Charge Credit Card for Deposit (4% Fee Applied) Chg. Amount _____

I authorize Camp Wasewagan to charge my credit card/debit (Additional 4% fee applied)

VISA/DISC # _____ Amount _____

Name on Card _____ Exp _____ Billing Zip Code _____

Signature for Credit Card _____ Date _____

Crazy Craig's after hours #310-702-5572

For Office Use Only (4)

Date _____ Check/CCA# _____ Amount _____