

Group Rental Form

Mail Deposit cheques and forms to: Camp Owaissi, PO Box 24031, Kelowna, BC V1Y 9H2; or you may scan form to: admin@campoac.com and pay via PayPal on website www.campoac.com
(please ensure you include your group rental name & date)

Please print clearly when filling out the following form

Your reservation will be confirmed only when this form is completed and returned, accompanied by the required Non-refundable deposit of \$750 or 20% (whichever is greater) for overnight rentals or \$450 for day rentals.

Rental Group Information

Name of Rental Group: _____

Mailing Address: _____

City/Province/Postal Code: _____

Phone Number: _____ Fax Number: _____

Contact Person Information

Contact Name: _____

Home Number: _____ Cell Number: _____

Business Number: _____ EXT: _____

Email: _____

Requested Dates: Arrival ____/____/2018 until Departure ____/____/2018
dd mmm dd mmm

Arrival Time (approx): _____ Departure Time (approx): _____ (before 2pm)

of children under 4 yrs (no cost): _____ # of children 4+ yrs: _____ # of Adults: _____

FACILITIES/EQUIPMENT (Check v as needed)

Dick Birch Hall (14 single beds)	Cabin #1 (5 sets bunk beds, no mattresses)	Cabin #4 (6 sets bunk beds, no mattresses)	Cabin #6 (6 sets bunk beds, no mattresses)
Kootenay Hall (2 single beds, 1 double bed)	Cabin #2 (5 sets bunk beds, no mattresses)	Cabin #4.5 (7 sets bunk beds, no mattresses)	Cabin #7 (2 double beds)
Kitchen & Dining Hall	Cabin #3 (6 sets bunk beds, no mattresses)	Cabin #5 (7 sets bunk beds, no mattresses)	Canoes/Kayaks

<u>2018 Rates:</u>	Overnight (Ages 4+):	\$31.50 per person, per night
	Day only (Ages 4+):	\$18.90 per person, per day
	Canoes/Kayaks:	\$110/fleet for duration of stay

<u>Office use only:</u>
Confirmed ____/____/201____ dd mmm y
By _____

LIABILITY INSURANCE REQUIRED – Minimum \$2mm:

Commercial Groups: A copy of the group’s “Certificate of Insurance” identifying “Owaissi Anglican Camp Assoc” and “The Diocese of Kootenay” as Additional Insureds. **Non-Commercial Groups:** A copy of the group’s single event liability “Certificate of Insurance” identifying “Owaissi Anglican Camp Assoc” and “The Diocese of Kootenay” as Additional Insureds..

NOTE: Should the deposit not be received within 10 business days of the form, the held space will be released.

Date: Insurance Rc’d _____ Deposit Paid \$ _____ PayPal Cash Chq # _____