

Unit Information for Facilities at Camp Gorton

Requested Dates: From: ___M ___D ___Y To: ___M ___D ___Y

We expect: ___ Registered Youth ___ Unregistered Youth ___ Registered Adults ___ Unregistered Adults

Arrival Time: _____ Departure Time: _____ *{Buildings Must Be Vacated by 11:00 AM}*

REFER TO THE 2009-10 OFF – SEASON FACILITY RENTAL INFO ON THE BACK FOR MAXIMUM CAPACITIES & FACILITY AMENITIES

CAMP GORTON - CHECK APPROPRIATE BOXES

Five Rivers In-Council Rates

Facility	Rates per 24 Hours
<input type="checkbox"/> Five Nations Lodge	\$ 80.00 x ___ = \$ _____
<input type="checkbox"/> Memorial Lodge	\$ 80.00 x ___ = \$ _____
<input type="checkbox"/> Howland House	\$ 80.00 x ___ = \$ _____
<input type="checkbox"/> Empire Lodge	\$ 80.00 x ___ = \$ _____
<input type="checkbox"/> Waterfront Lodge – 1 to 4 Units Available	\$ 60.00 Per Unit \$ 60.00 x ___ = \$ _____
<input type="checkbox"/> Dining Hall	\$ 300.00 x ___ = \$ _____
<input type="checkbox"/> Campsite/s	\$ 20.00 x ___ = \$ _____
Campsite Name/s: _____	
<input type="checkbox"/> Day Use ONLY!	\$ 1.50 x ___ = \$ _____ {Per Person}
Total Facility Rental Fees = \$ _____	

Out of Council Rates

Facility	Rates per 24 Hours
<input type="checkbox"/> Five Nations Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Memorial Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Howland House	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Empire Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Waterfront Lodge – 1 to 4 Units Available	\$ 85.00 Per Unit \$ 85.00 x ___ = \$ _____
<input type="checkbox"/> Dining Hall	\$ 350.00 x ___ = \$ _____
<input type="checkbox"/> Campsite/s	\$ 25.00 x ___ = \$ _____
Campsite Name/s: _____	
<input type="checkbox"/> Day Use ONLY!	\$ 2.50 x ___ = \$ _____ {Per Person}
Total Facility Rental Fees = \$ _____	

RENTAL FEE PAYMENT INFORMATION

Payment

Method: ___ Cash ___ Check ___ Credit Card ___ Unit Account - FRC Units ONLY!

Credit Card: ___ Master Card ___ VISA ___ American Express ___ Discover

Name as it appears on credit card: _____ Exp. Date: ___ M ___ Y

Credit Card Number: _____ - _____ - _____ - _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY!

Date Received: _____ Received by: _____

Method Received: ___ Mail ___ Fax ___ Office Pouch ___ In Store