



The MacKenzie Camp Society

Box 133, Armstrong, BC V0E 1B0 Email maccamp@shaw.ca
 Phone: 250-838-6293 Website: www.mackenziecamp.ca

RENTAL AGREEMENT SCHOOL DAY TRIP

Date: _____

This agreement is between the MacKenzie Camp Society of The United Church of Canada and:

Name of Group:		
Mailing Address		
	City:	Postal Code:
Email:		
Grade/Age of Children		
Group Ins Policy #		

Contact Person

Name:		
Cell:		Email:

Arrival Date:		Departure Date:	
Arrival Time:		Departure Time:	

Facility & Program Costs

# of Youth		\$30 per student
# of teachers/ supervisors		2 free per group of 30 or \$18/additional person/day

Activity Blocks Desired

Archery	<input type="checkbox"/>	Low ropes	<input type="checkbox"/>
Climbing wall	<input type="checkbox"/>	Swimming*	<input type="checkbox"/>
Canoe/kayak*	<input type="checkbox"/>	Hiking	<input type="checkbox"/>
Arts & crafts	<input type="checkbox"/>	Field games	<input type="checkbox"/>
Wide games	<input type="checkbox"/>	Night games	<input type="checkbox"/>

Note:
 * indicates that a minimum 15 participants is required and the activity is dependent on weather conditions. Spring water is often too high or too cold for swimming. Safety is determined by the lifeguard. If conditions are not safe, field water games can be organized.

Additional Needs/ Information: (include campers in need of assistance with mobility):



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Meal Requests (We are a nut-free kitchen)

No red meat: _____ Ovo-lacto vegetarian: _____ Vegan vegetarian: _____
Gluten Free:* _____ Lactose free:* _____ Other: _____

Obligations:

- I agree that my group is responsible for the supervision, safety and well-being of those individuals within my group using the facility during the rental period.
- During times when students are receiving activity instruction by MacKenzie Camp staff, adult supervisors representing my group continue to be responsible for monitoring, regulating and guiding behavior of youth.
- I understand that the number of guests can be reduced by up to 25% of the original contract up to 10 days prior to the rental period. This is the minimum number I will be charged for.
- I accept responsibility for payment of any repair due to breakage or damage to the facilities and property resulting from my group/organization's use of MacKenzie Camp.

Insurance

I declare that the organization I represent carries its own liability insurance and hereby waives claims against THE MACKENZIE CAMP SOCIETY and the UNITED CHURCH OF CANADA, or its members.

Authorized signing officer signature

printed name

Position

date

Your reservation for the trip outlined above will be confirmed with the return of this signed form and a \$250 non-refundable security deposit. This fee can be submitted by cheque to our mailing address of Box 133, Armstrong, BC V0E 1V0 or by e-transfer to maccamp@shaw.ca.