

CAMP MENESETUNG
REQUEST FOR ACCOMMODATION

BY THIS DATE: Year _____ Month _____ Day _____

PLEASE RETURN TO: Barbara J. Knox,
Board Chair, Camp Menesetung,
R.1,
Blyth, Ontario,
N0M 1H0. (519)-523-4290 E-mail: knobar@sympatico.ca

PLEASE PRINT CLEARLY!

Which Rental Package have you chosen? # _____

Name of your Group _____

CONTACT PERSON:

Name _____

Address _____

City, Province, Postal Code _____

Phone Number _____ Fax _____

E-mail _____

DATE OF ACCOMMODATION:

Arrival Day & Time _____

Departure Day & Time _____

Total Number in your Group (Leaders & Campers) _____

Total Number of Adult Leaders (18 years or older) _____

Which of the following facilities will you be using? Swimming Pool _____

Dining Hall _____ 'A' Frame _____ Kitchen _____

Senior Staff _____ Craft Hall _____ Church _____

Cabins: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ A ___ B ___

Bunkhouse ___ Recreation Field ___

Are Meals Required? Yes _____ No _____

Are any special diets required? Yes _____ No _____

If Yes, please indicate: Vegetarian _____

Lactose Intolerant _____

Gluten Free _____

Other _____

I wish to reserve, on behalf of the above Group, the accommodations and facilities listed at the rate quoted. I also agree to ensure total payment of our account. I have also read the accompanying letter and Camp regulations, and agree to abide by them.

SIGNATURE _____ DATE _____

DEPOSIT _____

PLEASE NOTE:

- * We cannot guarantee reservations unless we receive this completed confirmation form along with your deposit.
- * Deposits are non-refundable.
- * Deposit will be credited to your account pending our staff inspections of the premises.
- * We reserve the right to limit accommodations and facilities, and to delegate space according to Group size.
- * You must arrange for your own sports equipment.
- * Please thoroughly read the accompanying regulations and make sure that all members of your Group are familiarized with them as well.

WE ARE LOOKING FORWARD TO YOUR VISIT