



Pilgrim Cove Foundation, Inc.
Pilgrim Cove Camp
 1075 Plymouth Rd.—P.O. Box 867
 McCall, ID 83638



Camp Use Request

The following organization requests use of Pilgrim Cove Camp and agrees to provide complete information below and to abide by the Camp Use Policy attached:

Organization Name _____

Responsible Person _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____

Camp Dates _____ Arrival time _____ Departure time _____

Number of Campers _____ Number of Counselors _____

First Meal Requested _____ Last Meal Requested _____

Dietary Requests: Allergies, Vegetarians, etc. _____

Fees* are as follows:

Meals	\$ 7.00/meal/person
Lodging	\$21.00/night/person
	\$17.00/night/RV space
	\$ 8.00/night/tent site
Waterfront fee	\$25.00 per day

A non-refundable deposit of \$150.00 must be submitted with this request. A 25% non-refundable deposit must be received by April 30 in advance of summer (June-September) camps, and no later than 3 months in advance of camps in October-May. Smoking is strictly prohibited except for in designated areas. An additional \$300.00 damage deposit will be required for groups bringing alcohol onto the camp property. This deposit is due at the beginning of the camp and will be refunded at the conclusion after management determines no damages are present.

The undersigned agrees to immediately notify the Camp Manager at 634-5555, P.O. Box 867, McCall, ID 83638, of any changes in the date, time, number of campers or the responsible party.

Indemnity Agreement

In consideration of our agreement with the Pilgrim Cove Foundation, Inc., Pilgrim Cove Camp, McCall, Idaho, whereby we have use of the camp, we, the undersigned group or association of persons, _____, represent and agree that we will at all times assume full liability for, and save harmless the said Camp from any and all claims or damage suits arising from our use of the said Camp during our use or any act of any member of our group or association responsible for such act resulting in such claim or damage suit.

DATED this _____ day of _____ 20____. Agreed _____
 (Signature of Responsible Person)

Please complete request, and send with deposit to address above. If you have questions, please contact Josh Sanders—Camp Manager.