

Camp Winnataska Year-Round Program
260 Winnataska Drive
Pell City, AL 35128
Reservation Contact Number: 205-640-6741
Reservation Fax: 205-640-1423
Email: info@winnataska.org

RESERVATION CONTRACT FOR CAMP WINNATASKA

Please complete, sign, and return this contract with your deposit to reserve the use of Camp Winnataska.

Organization _____ Purpose of Use _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
Adult in Charge _____ Position _____ Email _____
Home Phone (____) _____ Cell (____) _____ Fax (____) _____
Dates Requested ____/____/____ to ____/____/____ Facility _____
Arrival Time _____ AM/PM Departure Time _____ AM/PM
Number Attending _____ Age Range of Group _____

Camper/Chaperone Ratio: 14 years and under – 1 chaperone for every 5 campers; 15 – 19 years old – 1 chaperone for every 8 campers. Chaperones must be at least 19 years old and must be five or more years older than those to be supervised.

CAMP WINNATASKA DOES NOT PROVIDE ACCIDENT INSURANCE FOR USER GROUPS.
IT IS MANDATORY FOR USER GROUPS TO PROVIDE US WITH A COPY OF LIABILITY INSURANCE CERTIFICATE.
ALL GROUPS PROVIDE THEIR OWN FIRST AID SUPPLIES, FIRST AID/CPR CERTIFIED PERSON AND EMERGENCY VEHICLE

*Upon arrival, User Group must provide a roster (including name, parent's name, address, phone number & emergency contact) of everyone in attendance.

*Please fill out Activity Reservation Form for any additional activities/facilities reserved.

*All members of the User Group are expected to be informed of Safety Regulations and to abide by them.

* A deposit must accompany signed contract.

*User Groups are responsible for any damages caused to equipment or facilities.

ALCOHOLIC BEVERAGES/ILLEGAL DRUGS ARE EXPRESSLY PROHIBITED

Pets are NOT ALLOWED.

I have been duly authorized by our group to sign this contract and to agree to its terms. I assume full responsibility for our group's programs and actions while at Camp Winnataska.

Date: _____ Signed: _____ (Adult in Charge)

For Office Use Only:

Date Received: _____ Deposit: _____ Date Confirmed: _____