

Non-Profit Facility Rental Request

Departure Date:			Arrival Time: Departure Time: City						
					Postal Code _			Phone	
					Fax	Cell:		Email	
Number atter	nding:								
	I have read, understand and agree to comply with the Rental Guide								
	Deposit of \$150 is required to confirm your rental An additional \$200 damage deposit is required prior to your arrival								
Our group has Comprehensive Liability be provided with the rental fees due 1			ty Insurance for our members. Copy of certificate will 1 month prior to your camp.						
	of a Lifeguard a	_	erstands that Camp Ta-Wa-Si does not provide the services os are expected to provide their own lifeguard services.						
•	conditions and rates.		to the contact person listed below. A copy will be returned to you w	ith					
	Phone:	506-866-6792	Email: corbett.alex384@gmail.com						
group member or in part, thro display form fo	s and/or group memb ugh the media of tele r the promotion of Ca	per's voice on any form vision, film, Internet, I Imp Ta-Wa-Si. I, on my	quest give permission to the Camp Ta-Wa-Si to photograph and/or recomment of audio-visual equipment and to use this material (less name(s), in multimedia presentation, radio, audiotape, videotape or in printed for y behalf and on behalf of the rental group assign and transfer to Campuding copyright, which I may have or group participants may have in the	whole m or					
Date:		Person in Charge/C	Contact Person						