

CAMP ANDREWS

Bob Program

Guest Group Reservation Form

❖ Name of group/organization _____ Phone _____

❖ Contact Person _____ Phone _____

Address _____

E-mail address _____ Fax number _____

❖ Projected number of persons in your group: _____ Age Range of Campers: _____

❖ Trip dates: Departure _____

Arrival _____

❖ Mark (✕) the option your group is requesting:

Canoeing trip

Backpacking trip

We plan to bring our own food

We are requesting Camp Andrews to provide food

❖ Purpose and nature of your trip: _____

❖ Some goals for your trip: _____

❖ Deposit: To confirm your reservation, return this signed form with a \$ _____ non refundable deposit by _____

❖ Agreement: I have received, read, and agree to fulfill all the responsibilities of our guest group as listed on the enclosed form titled "Responsibilities". Our group will also respect Camp Andrews' Statement of Faith as outlined under "Policy and Procedures".

Signed _____ Date _____

❖ Return to: Camp Andrews, 1226 Silver Spring RD, Holtwood, PA 17532

Phone: (717) 284-2624 Fax: (717) 284-2852

Phil Herschberger, Administrator

E-mail: campandrews@yahoo.com

Web site: www.campandrews.org

❖ *Trip itinerary:* You will be sent a tentative *trip itinerary* approximately 1 month before your trip for your review.