

MEALS

Do you wish any meals to be prepared for you by the camp cook? ____ Yes ____ No
If yes, check (✓) below the meals you're requesting (B = Breakfast; L = Lunch; D = Dinner; S = Snack)

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
___ B	___ B	___ B	___ B	___ B	___ B	___ B
___ L	___ L	___ L	___ L	___ L	___ L	___ L
___ D	___ D	___ D	___ D	___ D	___ D	___ D
___ S	___ S	___ S	___ S	___ S	___ S	___ S

INSURANCE

Agencies and churches of the Central Pennsylvania Conference are covered under the Conference insurance plan. Groups incorporated but not related to the Central Pennsylvania Conference of The United Methodist Church are required to submit a *Certificate of Insurance* to the Camping Office prior to their arrival at the site. Non-incorporated groups are hereby notified that any individual claim for accidents, illness or dental is the sole responsibility of the individual, and will need to be submitted for payment to his/her personal health insurance.

COVENANT

I have read in full the information included in the current Rate Schedule, and accept responsibility for communicating the fees and regulations contained therein to the members of the group named on this application.

_____ Day Phone (_____)
(signed) Evening Phone (_____)

Name *(please print)* _____

Address _____

City _____ State _____ Zip _____

Email _____