HIDDEN ACRES MENNONITE CAMP & RETREAT CENTRE

1921 Line 37, New Hamburg, ON, N3A 4B5, Telephone: 519-625-8602, Fax: 519-625-8606
E -mail: info@hiddenacres.ca Website: www.hiddenacres.ca

SCHOOL RENTAL AGREEMENT

NAME OF GROUP_____CONTACT PERSON_____

ADDRESS_____CITY_____

POSTAL CODE_____EMAIL_____

PURPOSE OF EVENT_____PHONE #_____

DATE(S) REQUESTED_____ANTICIPATED ATTENDANCE_____

ARRIVAL TIME_____GRADE(S) _____

DEPARTURE TIME _____DEPOSIT ENCLOSED: AMT.$_____

ALL SCHOOL GROUPS ARE REQUIRED TO PROVIDE A CERTIFICATE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY IN ORDER TO USE HIDDEN ACRES: COPY ENCLOSED: _____
WILL SEND COPY PRIOR TO RENTAL DATE: _____

CHECK APPROPRIATE SPACE(S) FOR ACCOMMODATIONS AND PROGRAMMING REQUESTED:

Programming: (activities are approx. 1 hour & cost $4.25/student)		**Accommodations:**	
Archery		Woodhouse	
Canoeing ($5.00/student)		Stonehouse	
Climbing Wall ($8.00/student-min. charge $160.00)		Pineview	
Crafts		Hilltop Cabin	
Drama		Rustic Cabin	
Low Ropes		Camping	
Nature Exploration			
Orienteering		**Meals provided: ***	
Outdoor Skills		No	
Spaceship Earth		Yes	
Sports		* Groups must help with clean up and dishes unless other arrangements have been made.	
Swimming ($5.00/student)			
Team-Building Activities			
Wide Game		Day Use (grounds only) ($4.00/person)	
Evening program ($5.50/student)		Day Use of Focus Shelter kitchen ($25/day)	

SPECIAL REQUESTS, COMMENTS, QUESTIONS: _____
_____

We are pleased to serve by allowing your group the use of Hidden Acres' facilities and by offering our help in whatever way we can to make your stay enjoyable and meaningful. We feel sure that by cooperation between your leadership and ours, this will be accomplished. To that end, we welcome any requests or comments that you might have, and ask that you abide by our policies and guidelines.

TO CONFIRM YOUR RESERVATION, PLEASE SIGN BELOW AND RETURN THIS FORM WITH YOUR RESERVATION DEPOSIT. KEEP A DUPLICATE FORM FOR YOUR RECORDS.

I have read the attached rate forms and policies, and agree to abide by them. I will inform all members of the group of these policies and we will undertake to conduct our activities in a safe and careful manner. I assume full responsibility for the conduct of our group and for their safety. I agree, on behalf of the group, that we will not hold Hidden Acres Mennonite Camp Inc., board members, staff, or volunteers liable in any way for any accidents which may happen while we are using the camp.

SIGNED _____DATE _____

FOR OFFICE USE ONLY:

Deposit received (date): _____ Amount: _____