

Group Name:

of Participants: _____ # of Staff: _____

Date/Time Arriving: _____

First Meal: Breakfast Lunch Dinner

Date/Time Departing: _____

Last Meal: Breakfast Lunch Dinner

Does your group require any Program Activities from Camp Winfield? Y / N

Will your group be bringing their own vehicles or be using an agency? _____

We will need a copy of Certificate of Insurance. Please fax or mail.

AdditionalComments: _____

Please remember that Camp Winfield is not responsible for staffing cabins. Your group is also required to bring at least one Medical Personnel (Nurse or Doctor).

Please send in a copy of your group's entire schedule from the time they arrive at Camp Winfield until the time the group will be leaving.