

Camp Ocean Pines

1473 Randall Dr., Cambria, CA 93428 805-927-0254 805-927-2610 (fax)

Program Contract

All activities conducted at Camp Ocean Pines must be consistent with its mission of: "providing services, programs and facilities that encourage and support the spiritual, social, intellectual, emotional and physical well-being of people." We look forward to hosting your group.

Name of Group _____ Contact _____

Type of Organization _____

Purpose of Program _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

Reservation Dates _____ Arrival Time _____ Departure Time _____

Number of guaranteed participants _____ Number of Meals provided/person _____

Number of vegetarian meals _____

First Meal: _____ Day _____ Meal Last Meal: _____ Day _____ Meal

\$100 non-refundable registration fee is due prior to or with signed contract to reserve dates \$ _____

Cost per participant \$ _____ X # of adults _____ = Total \$ _____

Cost per 2-10 yr old child \$ _____ X # of children _____ = Total \$ _____

Cost per 0-1 yr. old child \$ 10 X ___ night(s) X # of children _____ = Total* \$ _____

Other _____ \$ _____

Total Due \$ _____

Payment Schedule

\$100 non-refundable registration fee (due prior to or with signed contract to **reserve** dates) \$ _____

First payment – 50% - (90 days prior to arrival) due on _____ \$ _____

Second payment – balance of total - (60 days prior to arrival) due on _____ \$ _____

Payment Terms:

Dates are not reserved until the registration fee is received (credit cards are welcomed). 50% of your total group fee will be due no later than 90 days prior to your reserved dates. 100% of your total group fee will be due no later than 60 days prior to your reserved dates.

Cancellation Policy:

You will be charged 50% of your total group fee if you cancel the program later than 60 days before the event, 100% if later than 30 days before the event. See "Reservation and Use Conditions" for exceptions. Cancellations must be made in writing.

Please complete, sign and return the original of this agreement. I have read the "Reservation and Use Conditions" and the "Program Contract." As an authorized agent of the reserving Licensee, the undersigned agrees to the terms and conditions set forth in both agreements.

Authorized Signature/Group Responsible Party

Date

* No meals provided for this age group

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