

CapeReservations@delaware.gov

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Resident Youth Camp Application

We reserve the right to cancel any youth camping reservation at our own discretion.

Group Name	Day/Evening Phone #				
Group Address	City	State	Zip Code		
Contact Person's Name	Day/Evening Phone#				
Address Email address: Reservation dates request:	City	State	Zip Code		
1 st Choice: Arrival Date:	(2:00 p.m.) Depart Date:		_(11:00 a.m.)		
2 nd Choice: Arrival Date:	(2:00 p.m.) Depart Date:		(11:00 a.m.)		
3 rd Choice: Arrival Date:	(2:00 p.m.) Depart Date:		(11:00 a.m.)		
# Youths 17 (or in High School) &	under #of Chaperones (Must	t be over 21)	# of Dorms		
Ratio for youth to adults is 4:1 unless	prior approval given by Park Manage	er			

Check the Camp(s) You Wish to Reserve:

Youth Camp I	Youth Camp II	Youth Camp III	
15 People per Dorm 8 Dorms Available (120 people) In-State: \$195 per dorm/per night Out-of-State: \$225 per dorm/per night	15 People per Dorm 8 Dorms Available (120 people) In-State: \$195 per dorm/ per night Out-of-State: \$225 per dorm/per night	No longer available	
Yes, I want this Camp	Yes, I want this Camp		

Cancellation Policy: A group may **cancel** its reservation by notifying the Facility Manager **in writing 60 days prior** to the scheduled arrival date. A **non-refundable** administrative fee of **20%** will be deducted from the group's original deposit. The total deposit will be **forfeited** if notice of cancellation is given **with less** than 60 days' notice. To decrease the number of reserved dorms, the group must notify the Facility Manager **in writing sixty (60) days prior** to their scheduled arrival date, or the group will be expected to pay the full amount for all dorms originally reserved.

I certify that I have read and understand the enclosed rules and regulations:

Date:		Signature:		_
Do not write below this line – S	taff Use			
Reservation date		Camp		
Number of dorms	X rate	=	X Number of Nights	
Deposit	due by		Receipt #	
Balance of	due		Receipt #	