



RESERVATION REQUEST FORM

Submit within five days of making a phone or email reservation.

Arrival Date: _____

Departure Date: _____

Contact Name: _____

Group/Organization Name: _____

Mailing Address: _____

Phone: _____

Email address: _____

Overnight Use _____

Day Use _____

Number of guests _____

Deposit Enclosed _____*

*Please make checks payable to:
Camp Beausite Northwest

PLEASE SIGN:

I certify that the applicant will defend, indemnify, and hold harmless Camp Beausite Northwest and the county of Jefferson and its officers, employees and agents from any claims, liabilities, suits, actions, damages, losses, including reasonable attorney's fees, made against said Camp or County on account of any injury to any person or damage to any property which may occur due to any actions or omission of its agents or employees, or on account of any fire, explosion or other calamity caused by any product or accessory there to, or any material brought onto the premises by the undersigned or his/her guests.

Signature

Date