



RENTAL RESERVATION FORM

Please complete and return to:
Camp Paivika
P.O. Box 3367
Crestline, CA 92325
tel: (909) 338-1102 - fax: (909) 338-2502
kkunsek@abilityfirst.org

Name of Group/Organization: _____

Mailing Address: _____

Telephone : _____ Fax: _____ e-mail: _____

Dates Requested (include alternate): _____

Contact Person: _____ Title: _____

Telephone/work: _____ Home: _____ e-mail: _____

Use of pool? _____ (May rentals only)

What days & times for pool? _____
2 hr. min / 4 hr. max per day

Estimated number of adults & children over 9 attending: _____

Estimated number of children ages 5 to 9 attending: _____

How many cabins would you like to use? _____
Rental price includes the use of one cabin per 15 individuals. Additional cabins are available at an additional cost of \$30 per night each

Estimated time of arrival: _____ Departure: _____

Method of arrival: Bus _____ Private car: _____

Additional meals or snacks required? _____
Please note: there will be an additional cost for requests not included in the rental fees.

Special diets requested: _____

Any additional special needs or requests?