



RENTAL RESERVATION FORM

Please complete and return to:

Camp Paivika
P.O. Box 3367
Crestline, CA 92325
tel: (909) 338-1102
Kprivitt@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 - Sept, Oct, May

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?

The rental price includes the use of one cabin per 22 individuals. Cabins will be assigned based on number of people.

Estimated time of arrival:

Departure:

Method of arrival: Bus Private car(s):

Additional meals or snacks required?

Please note. there will be an additional cost for requests not included in the rental fees.

Special diets requested:

Please note there will be an additional charge to accommodate individual special dietary requests

Any additional special needs or requests?