**Cave Springs Camp**

 **School Trip Contract**

**School Name:**

**Trip Date(s):**       **Trip Type:**    Overnight

**Arrival Time:**       **Departure Time:**

**Estimated Number of Students Attending:**

Final Attendance Number (to be confirmed by office):

Please list the grade level, teacher name, and number of accompanying supervisors for each class that will be in attendance:

If you require additional space, please feel free to attach a separate document containing the information in the table found below.

| Grade | Teacher Name | # of Supervisors  |
| --- | --- | --- |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please list any activities that your school is not approved to participate in:

See accompanying list of typical activity offerings

Please list any other considerations that you feel are important for our staff to know ahead of your trip:

**Payment**

 A **deposit cheque** is required by **May 1,** in order to guarantee your spot**.**

Your deposit amount is:

☐ $150.00 ☐ $250.00 ☐ $350.00

 (day trip) (single overnight) (double overnight)

Deposits can be sent to

Cave Springs Camp Inc.

4410 Cave Springs Rd

Lincoln ON L3JOW3

Deposits can also be E-transferred to bookkeeper@cavespringscamp.on.ca with a note referencing what school you are sending from.

The remaining balance for your trip will be based on the final number of participants in attendance as confirmed on the day your trip takes place. You will be issued a copy of a final invoice before you leave the site.

Final payments can be made in one of the following ways:

* Electronic Fund Transfer to bookkeeper@cavespringscamp.on.ca
* Cheque made out to Cave Springs Camp Inc.
* Credit Card payment **(for day of payments only)**

Payment not received within 30 days of trip date will be subject to a 2% penalty per month

Please state below your intended method of final payment:

☐ EFT ☐ Cheque ☐ Credit Card

**Signature of authorized signing authority:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name & position of authorized signing authority for your group (PLEASE PRINT):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name) (position)

**Please complete the above required information and submit your signed contract to** **director@cavespringscamp.on.ca**

| Office Use OnlyRENTAL APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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