



Lease Request Form

Fill out and Mail to:
 Camp Cascade
 PO Box 960
 Donnelly ID 83615
 208-325-3048

Name of Group _____ Contact Person _____

Address _____ City _____

State _____ Zip _____ Email _____

Contact Phone _____

Dates of Use ___/___/___ to ___/___/___ Number in Group _____

Facilities Requested: _____ Deposit of \$200 _____

- | | |
|---|---|
| <input type="checkbox"/> Lodge/Dining Hall | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Genesis Cabins How Many? _____ | <input type="checkbox"/> Matthew Cabins How Many? _____ |
| <input type="checkbox"/> RV Spaces How Many? _____ | <input type="checkbox"/> Candy Corral (treats for purchase) |

Meals Needed: Put and X in each box you would like meals served. **Alert** of any food allergies-or- special diet needs _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------|--------|--------|---------|-----------|----------|--------|----------|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Total | | | | | | | |

Your Group agrees to abide by all Camp Cascade polices and regulations, to assume full responsibilities for your group and not hold Camp Cascade liable for any damage, loss of property or injury to persons while on Camp Cascade property. We understand that your group must provide our own accident and liability coverage and send proof of insurance to Camp Cascade prior to your arrival.

Signature _____ Date _____

Items needed to process Lease Request:

- Proof of Insurance
- Liability Release Form
- \$200 Deposit
- Signed Lease Request Form