

USE AGREEMENT - GIRL SCOUTS NON-HOMESTEAD COUNCIL



609 N 60 Road Nebraska City NE 68410
(402) 873-4285 or 888-878-9822 Fax (402) 873-5196

1. Tentative reservations will be taken over the phone and held for two (2) weeks. Visa & Mastercard accepted.
2. Reservation Fee(s) and signed paperwork **MUST** be received in the Catron office within the two (2) weeks or the reservation will be removed. **RESERVATION FEES ARE NON REFUNDABLE AND DO NOT APPLY TO USAGE FEE.**
3. **REMAINING USE FEES MUST BE PAID IN FULL FOUR (4) WEEKS PRIOR TO ARRIVAL DATE.**
4. Groups will be charged for repairs due to damage or if excessive cleaning is required.
5. This reservation does not include The Challenge Course, Archery or Programs For You.

A. Complete for Day and Overnight Use of Catron Facilities:

Troop # _____ Age Level: _____ Council: _____
 Name of Adult Attending and in Charge: _____
 Address: _____ Home Phone: _____
 City/Zip: _____ Work Phone: _____
 Email Address: _____ [] Please Email my confirmation information
 Date: _____

Arrival Time _____ Departure Time _____

B. COMPLETE FOR DAY USE ONLY

SITE	AREA	Reservation Fee	Use Fee Half Day	Use Fee Day	Total Fees
Kimmel Lodge	[] 1 Program Room	[] \$60 +	[] \$ 60	[] \$100	\$ _____
	[] 2 Program Rooms	[] \$60 +	[] \$ 75	[] \$130	\$ _____
	[] 3 Program Rooms	[] \$60 +	[] \$100	[] \$190	\$ _____
Program Center	[]	[] \$60 +	[] \$ 60	[] \$100	\$ _____
Tent Sites	[] Sherwood Forest	[] \$60 +	[] \$ 30	[] \$100	\$ _____
	[] Indian Village	[] \$60 +	[] \$ 30	[] \$100	\$ _____
Swimming Pool	[]	[] \$60 +	[] \$30/HR up to 24 persons / day		\$ _____
Catron provides lifeguards			[] \$45/HR 25-49 persons / day		\$ _____

C. COMPLETE FOR OVERNIGHT USE ONLY The Minimum charge for each sleeping is \$40.

SITE(S)	Maximum Capacity	Reservation Per Room	USE FEE			TOTAL FEES
			@	# persons	x # nights	
Kimmel Lodge						
[] Rm #1 (South)	24	[] \$60	+ \$12	X# persons	x # nights	= _____
[] Rm #2 (Center)	24	[] \$60	+ \$12	X# persons	x # nights	= _____
[] Rm #3 (North)	24	[] \$60	+ \$12	X# persons	x # nights	= _____
[] Room (Small)	4	[] \$60	+ \$12	X# persons	x # nights	= _____
Tent Sites						
[] Sherwood Forest	32	[] \$60	+ \$10	X# persons	x # nights	= _____
[] Indian Village	32	[] \$60	+ \$10	X# persons	x # nights	= _____
[] The Hut	4	[] \$60	+ \$12	X# persons	x # nights	= _____
Exclusive Rental of Catron	176	[] \$500	[] \$1000 per day	x #	Days	= _____

***PRICES GOOD FOR 1 YEAR; PRICES SUBJECT TO CHANGE WITHOUT NOTICE.**

TOTAL RESERVATION FEE (S): \$ _____ TOTAL ENCLOSED: _____
 TOTAL USE FEE (S): \$ _____ Final payment due no later than 4 weeks
TOTAL FEE (S): _____ prior to your arrival date.
 (A1-05-5070) **Signature required on reverse side:**

D. READ AND COMPLETE FOR DAY AND OVERNIGHT USE:

1. I have checked Safety-wise, Standard 14, and plan to meet all requirements. [] YES [] NO
2. A person trained as a Troop Camper is required when staying at a tent site at Catron.
3. Additional Girl Scout insurance is AVAILABLE for all non-registered participants. Call your Council office to request the appropriate form.
4. Additional Girl Scout insurance s **REQUIRED** if staying three [3+] or more nights. Call your Council office to request the appropriate form.
5. **Adult in Charge must collect the following information about each participant: Names and addresses of all participants, Emergency contact names and numbers, A listing of any persons with known allergies or health conditions requiring treatment, restrictions, or other accommodations while on sit, for minors without a parent on site, Signed permission to seek emergency treatment or a signed religious wavier.**
6. Firearms, Fireworks and concealed handguns are prohibited on CATRON - Camp and Retreat Center property.

NUMBER OF GIRL SCOUTS:

Girl Participants: Daisy _____ Junior _____ Cadette _____ Senior _____
Adult Participants: Female _____ Male _____

NUMBER OF NON GIRL SCOUTS:

Youth under age 3: Female _____ Male _____
Youth age 3 to 18: Female _____ Male _____

Group Total: _____

QUALIFIED FIRST AIDER: _____ **Expiration Date:** _____

QUALIFIED TROOP CAMPER: _____

Adult Attending and in Charge: _____

	Signature	DATE
CATRON Staff: _____	Signature	DATE

Girl Scouts – Homestead Council reaffirms its policy to ensure fair and equal treatment in all its practices, to all persons, regardless of race, color, religion, sex or national origin. There shall be no discrimination against any individual by reason of disability, age or socioeconomic status.

A Property Owned and Operated by Girl Scouts - Homestead Council
Equal Opportunity Organization - Committed to Diversity