

USE AGREEMENT - GIRL SCOUT



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

1. You **MUST complete** sections A & D. Also complete section B or C, which ever applies to your request.
2. Reservation fees **MUST** accompany paperwork. Tentative reservations will be taken over the phone and held for two (2) weeks. At which time signed paperwork and Reservation Fee(s) **MUST** be received in the Catron office or the reservation is removed from the calendar. **Visa & MasterCard accepted.**
3. **RESERVATION FEES ARE NON REFUNDABLE AND DO NOT APPLY TO USE FEE.**
4. **REMAINING USE FEE(S) MUST BE PAID IN FULL FOUR (4) WEEKS PRIOR TO ARRIVAL DATE.**
5. Groups will be charged for repairs due to damage or if excessive cleaning is required.
6. This reservation **does not** include The Challenge Course or Archery.

A. Complete for Day and Overnight Use of Catron Facilities

Troop # _____ S.U. # 6 _____ Age Level: _____
 Troop [] _____ Service Unit [] _____ 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 (Register at least 12 weeks in advance of your visit.)

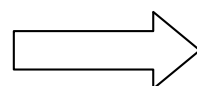
| SITE | AREA | Non Refundable Reservation Fee | USE FEE |
|----------------------------|---------------------|--------------------------------|----------------------------------|
| Kimmel Lodge | [] 1 Program Room | [] \$25 | [] \$15 |
| | [] 2 Program Rooms | [] \$25 | [] \$20 |
| | [] 3 Program Rooms | [] \$25 | [] \$25 |
| Program Center | [] | [] \$25 | [] No Fee |
| Tent Sites | [] Sherwood Forest | [] \$25 | [] No Fee |
| | [] Indian Village | [] \$25 | [] No Fee |
| Swimming Pool | [] | [] \$25 | [] \$25/Hr up to 24 persons/day |
| Catron provides lifeguards | | | [] \$40/Hr 25-49 persons / day |

C. COMPLETE FOR OVERNIGHT USE ONLY (Register at least 12 weeks in advance of your visit.)

| SITE(S) | CAPACITY | Reservation Per Room | USE FEE @person/night | TOTAL GROUP # | TOTAL FEES |
|----------------------------|----------|----------------------|-----------------------|--------------------|------------|
| Kimmel Lodge | | | | | |
| [] Room (North) | 24 | [] \$25 | + \$6 X # | persons x # nights | = |
| [] Room(Center) | 24 | [] \$25 | + \$6 X # | persons x # nights | = |
| [] Room (South) | 24 | [] \$25 | + \$6 X # | persons x # nights | = |
| [] Room (Small) | 4 | [] \$25 | + \$6 X # | persons x # nights | = |
| Tent Sites | | | | | |
| [] Sherwood Forest | 32 | [] \$25 | + \$4 X # | persons x # nights | = |
| [] Indian Village | 32 | [] \$25 | + \$4 X # | persons x # nights | = |
| [] The Hut | 4 | [] \$25 | + \$6 X # | persons x # nights | = |
| Exclusive Rental of Catron | 176 | [] \$125 | + \$500 (per Day) | x # Days | = |

The Minimum charge for each sleeping room in The Lodge is \$30
PRICES GOOD FOR 1 YEAR; PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

RESERVATION FEE ENCLOSED: \$ _____
 USE FEE ENCLOSED \$ _____
TOTAL ENCLOSED: \$ _____



Signature required on reverse side:

D. READ AND COMPLETE FOR DAY AND OVERNIGHT USE:

1. I have checked Safety-wise, Standard 14, and the Policies and Standards in the V.I.P. 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 the Homestead Council Resource Center to request the appropriate form at 476-7539 or 800-487-2578.
4. Additional Girl Scout insurance is **REQUIRED** if staying **three (3+)** or more nights. Call the Homestead Council Resource Center to request the appropriate form at 476-7539 or 800-487-2578.
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 site, for minors without a parent on site, signed permission to seek emergency treatment or a signed religious waiver.
6. Firearms, Fireworks and concealed handguns are prohibited on CATRON Camp and Retreat Center property.

Number of Girl Scouts:

Girl Participants ___ Daisy ___ Brownie ___ 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
Adults ___ Female ___ Male

Group Total: _____

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

QUALIFIED TROOP CAMPER: _____

Adult Attending and in Charge: _____

Signature

DATE

CATRON Staff: _____

Signature

DATE

A property owned and operated by Girl Scouts - Homestead Council
Equal Opportunity Organization - Committed to Diversity