

USE AGREEMENT - NON-PROFIT



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 & MasterCharge 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(S)**
3. **REMAINING USE FEES MUST BE PAID IIN 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 or Archery.

A. Complete for Day and Overnight Use of Catron Facilities

Name of Organization: _____
 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 Fee(s)
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		\$ _____

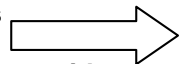
C. COMPLETE FOR OVERNIGHT USE ONLY The Minimum charge for each sleeping area is \$40.

SITE(S)	Maximum Capacity	Reservation Per Room	USE FEE			TOTAL FEES
			@	# persons	x # nights	
Kimmel Lodge (Does NOT include use of a program area and kitchen)						
[] Room #1 (South)	24	[] \$60	+ \$12 X	# persons	x # nights	= \$ _____
[] Room #2 (Center)	24	[] \$60	+ \$12 X	# persons	x # nights	= \$ _____
[] Room #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 WITH OUT NOTICE.

TOTAL RESERVATION FEE (S): \$ _____
 TOTAL USE FEE (S): \$ _____
TOTAL FEES: \$ _____
 (A1-05-5070)

TOTAL ENCLOSED: _____
 Final payment due no later than 4 weeks prior to your arrival date.



Signature required on reserve side:

RULES AND REGULATIONS FOR USE OF CATRON

1. All rules / procedures established by Girl Scouts - Homestead Council for all groups must be adhered to.
2. A CERTIFICATE OF INSURANCE FOR GENERAL COMPREHENSIVE LIABILITY COVERAGE, WITH A MINIMUM LIABILITY OF 1 MILLION DOLLARS, AND WITH GIRL SCOUTS - HOMESTEAD COUNCIL NAMED AS ADDITIONAL INSURED, MUST BE SUBMITTED WITH THIS AGREEMENT. PROOF OF WORKER'S COMPENSATION COVERAGE IS ALSO REQUIRED, IF THE EVENT IS WORK RELATED.
3. Groups may bring in prepared food for events in Kimmel Lodge or utilize caterers from the Council's pre-approved list. If alcohol is part of an event, all food and beverage must be provided by one of the pre-approved caterers and the group must lease the entire camp. The Council may require an additional deposit if use of alcohol is planned. INDIVIDUALS AND GROUPS MAY NOT CARRY IN ALCOHOLIC BEVERAGES.
4. A person with current FIRST AID / CPR must accompany the group. Groups are responsible for their own emergency transportation. Groups are responsible for providing their own first aid supplies and equipment. Emergency numbers are posted near all phones.
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. CATRON is a non-smoking facility. Individuals may use tobacco products only away from Catron property. All waste must be disposed of properly.
7. Non-prescribed controlled substances are not permitted on CATRON or Council premises.
8. Use of non-passenger/ recreational vehicles, such as mopeds and all terrain vehicles is prohibited.
9. Pets are prohibited.
10. Firearms, Fireworks and concealed handguns are prohibited on CATRON Camp and Retreat Center property.
11. Groups will not be permitted on The Challenge Course OR Archery Course unless they are participating under the guidance of a facilitator/instructor trained by Girl Scouts - Homestead Council. Only equipment provided by CATRON- Camp and Retreat Center may be used on The Challenge Course or Archery Course.
12. Exclusive use of CATRON means no other group will be scheduled to use any part of the facilities, except The Challenge Course, during time scheduled.
13. Groups will be charged for repairs due to damage or if excessive cleaning is required.

We understand that the facilities and grounds will be left in the same or better condition than we found them, and that all rules and regulations will be followed.

Name of Person Current in FIRST AID / CPR _____

Authorized Representative / DATE

CATRON Staff / 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