

Camp El-O-Win Group Camp Reservation Form

Complete & return this form with a \$25 deposit FOR EACH STRUCTURE
to 6533 N. Bungalow Lane, Fresno, CA 93704



PLEASE PRINT

Name of Group Contact _____

Address _____ **City** _____ **Zip** _____

Phone _____ **Email** _____

Number of: ____ **Women** + ____ **Men** + ____ **Girls (<18)** + ____ **Boys (<18)** = **Total** _____

Type of Group (family, GS Troop, friends, etc) _____

Date of Arrival _____ **Approximate Time** _____ **am pm**

Date of Departure _____ **Approximate Time** _____ **am pm**

Living Units/Structures

Structures are reserved on a first come first serve basis. Groups reserving a single structure in a unit will share the fire circle and biffy (bathroom) with groups renting the other structures in the unit. Groups not wishing to share the fire circle or biffy must pay for all the structures in the unit.

Mark the structures you wish to reserve (the number after the "/" is sleeping capacity of the structure)

Arapaho: ____ Cabin/5 ____ Cabin/8 ____ Cabin/8 ____ Cabin/8 ____ Cabin/8 = ____ X \$ 60 X ____ nights = \$ _____

Iroquois: ____ Tent/5 ____ Tent/5 ____ Tent/5 = ____ X \$ 40 X ____ nights = \$ _____

Chippewa: ____ Cabin/4 ____ Teepee/8 ____ Teepee/8 ____ Teepee/8 = ____ X \$ 50 X ____ nights = \$ _____

Main Camp: ____ Lupine/6 ____ Redwood/6 = ____ X \$ 60 X ____ nights = \$ _____

____ Orion/4 = ____ X \$ 50 X ____ nights = \$ _____

____ Shower house = \$ 10 X ____ nights = \$ _____

Camper Shower: ____ Yes ____ No = \$ 25 X ____ nights = \$ _____

Dining Hall: ____ Yes ____ No = \$ 30 X ____ days = \$ _____

TOTAL STRUCTURE COST. \$ _____

Activities:

Archery: Instructor Fee \$125 + # ____ shooters X \$1.00 = \$ _____

Mtn Biking: Instructor Fee \$125 + # ____ bikers X \$1.00 = \$ _____

TOTAL ACTIVITIES COST. \$ _____

TOTAL PAYMENT DUE \$ _____

DEPOSIT: \$25 per structure reserved = \$ 25 X ____ structures = \$ _____

BALANCE DUE 2 Weeks before arrival \$ _____

Payment:

Credit Card type: VISA MC AMEX DISC **Amount \$** _____

Name on Card _____ Billing Zip Code _____

Card number _____ Exp date _____ Security # _____

(Credit card information is shredded, not kept on file)

Check payable to Camp El-O-Win. Check # _____ **Amount \$** _____

Thank you for reserving a space for Group Camp.
You will receive a confirmation email and additional information.

Questions? Camp Registrar 559-320-5439 info@campelowin.org