

# Spirit of Nebraska

## Lease Group Reservation and Rental Agreement

**Important:** Before filling out this request, please call to check availability (contact information, page 5).

Forms received less than 30 days in advance may decrease fulfillment possibilities.

Your reservation will not be held until we receive this agreement and payment.

**Directions:** Application is to be completed by contact person and sent to the appropriate camp address (page 5). Please enclose all applicable fees with this form. Applications will not be processed without full payment, including the additional deposit amount. Deposits are refundable in whole or in part depending upon the condition of the equipment and/or facilities upon departure.

### Group or Company Information

**Group or Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

**Email:** \_\_\_\_\_

### Estimated number of participants:

Female Adults \_\_\_\_\_ Male Adults \_\_\_\_\_ Female Children \_\_\_\_\_ Male Children \_\_\_\_\_

*(Include a completed Lease Group Roster)*

### The following ratios of adults to children must be met:

**Children ages 4-5:** 2 adults for each group of up to 10 children

**Children ages 6-8:** 2 adults for each group of up to 12 children

**Children ages 9-14:** 2 adults for each group of up to 16 children

**Children ages 15-18:** 2 adults for each group of up to 20 children

### Adult in Charge On-Site: (complete if different than above)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

**Email:** \_\_\_\_\_

We recommend appropriate screening procedures for all adults. The Nebraska State Patrol and nsopw.gov are two resources that are free.

### Adult and Child CPR and First Aid certified participant:

*(Must be adult and child CPR certified if children will be at the event. Please submit copy of front and back of certification.)*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

**Email:** \_\_\_\_\_

**Copy of certificate of insurance sent to appropriate camp contact?**  Yes  No

*A certificate of insurance for general comprehensive liability coverage with a minimum of one million dollars naming Girl Scouts Spirit of Nebraska as additionally insured must be submitted with this agreement. Proof of workers compensation coverage is required for all work related events.*

### Catering

Groups may bring in prepared food for events or have their events catered. Caterers must have their insurance and state license on file with Girl Scouts Spirit of Nebraska.

Name of Caterer \_\_\_\_\_ Phone \_\_\_\_\_

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## Camp Reservation Request

Standard arrival time for Spirit of Nebraska camps for day use is after 8 a.m. and departure is before 4 p.m. Overnight use arrival time is between 5-6 p.m. and departure time is anytime before 3 p.m. Alternative times may be arranged. (Additional fees may apply, please see Fee Schedule for rates.) Please be aware that camp staff will be available to check you in and out at the times you listed. If you are running behind schedule, please contact staff to make sure that they will be available.

Date(s) \_\_\_\_\_  Day use or  Overnight(s)

Call camp registrar to check available dates (see page 5).

Check-in Time \_\_\_\_\_ Check-out Time \_\_\_\_\_

## Please check all rentals and equipment to be reserved

### Camp Site

Lakeview-LV Hidden Oaks-HO Cosmo-CO Catron-CC Crossed Arrows-CA Maha-MH  
(Denotes that equipment is available at the above Spirit of Nebraska camp.)

### Lodge Or Facility Rental LV HO CO CC CA MH

Lodge or Facility Preference: \_\_\_\_\_

\$ \_\_\_\_\_ Fee + \$ \_\_\_\_\_ Deposit Fee = \$ \_\_\_\_\_ Total Fee

(see "Fee Schedule" for lodge or facility information and fees)

### Tent Sites including Sky Camp CO CC CA MH

Site Preference: \_\_\_\_\_

\$ \_\_\_\_\_ Fee + \$ \_\_\_\_\_ Deposit Fee = \$ \_\_\_\_\_ Total Fee

(see "Fee Schedule" for information and fees)

### Picnic Sites - day use only CO CA MH

\$15 fee + \$20 deposit = \$ \_\_\_\_\_ Total Fee

(You hike in and out of the site and carry out trash upon departure.)

## Please check all program add-ons you would like to reserve:

(Denotes that for your safety these activities require a council-provided facilitator or lifeguard and must be booked at least 30 days in advance to allow time to find the appropriate staff/volunteer.)

### Camp Site

Lakeview-LV Hidden Oaks-HO Cosmo-CO Catron-CC Crossed Arrows-CA Maha-MH  
(Denotes that this activity is available at this Spirit of Nebraska Camp.)

### Swimming Pool CC MH !

Pool Date Preference: \_\_\_\_\_

Cost is based upon a two-hour time period and includes lifeguard (see "Fee Schedule" for information and fees).

Swimming pools are generally open from Memorial Day through Labor Day dependent upon weather, lifeguard availability and conditions.

### Check the appropriate number of people who will be swimming.

Camp Catron

1-25

26-49

Camp Maha

1-25

26-50

51-75

76-150

\$ \_\_\_\_\_ Pool Fee x \_\_\_\_\_ Number of Days = \$ \_\_\_\_\_ Total Fee

### Circle the time(s) that you prefer:

Noon-2 p.m.

2:30-4:30 p.m.

5-7 p.m.

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## ARCHERY Requires rental of equipment and instruction by a qualified instructor

### Archery Equipment

Archery date preference \_\_\_\_\_

\$25 (1-10 people) w/archery certified adult

\$3 for each additional participant

\$25 + \_\_\_\_\_ additional participant x \$3 = \$ \_\_\_\_\_ Fee

### Circle the time you prefer for archery (times may change depending on the size of your group)

9 -11 a.m.

1-3 p.m.

5-7 p.m.

Call to make special arrangements for other time slots

### Choose one of the two options below:

#### Archery instruction by Girl Scouts Spirit of Nebraska for 2 hours

\$5 per participant (Minimum \$50 fee charged.)

\_\_\_\_\_ number of participants x \$5 = \$ \_\_\_\_\_ Fee

#### We will provide our own instructor (Please submit front and back copy of certification and complete information below).

### Archery Certified Adult:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

## ROPES/CHALLENGE COURSE: Requires council-provided qualified instructor

Your safety is very important to us, weather conditions, such as lightning or high winds may cause us to reschedule or delay the activities. Every effort will be made to let you know of cancellations no less than two hours in advance of the event.

Please provide a list of participants health concerns, ages of minors and contact information for the person in charge of the group.

### Low OR High

Ropes/Challenge Course date preference \_\_\_\_\_

    Low: Ages 7 and up. High: Ages 9 and up.

\_\_\_\_\_ number of children x \$10 = \$ \_\_\_\_\_ Total Child Fee

\_\_\_\_\_ number of adults x \$20 = \$ \_\_\_\_\_ Total Adult Fee

\$ \_\_\_\_\_ Total Enclosed for Low or High Ropes Challenge Course

You are required to complete lows before moving to high challenge course

### Circle the time you prefer for low or high courses (times may change depending on the size of your group)

9 a.m. -12 p.m.

1-4 p.m.

4-7 p.m.

Call to make special arrangements for other time slots

### Low AND High

    Ages 9 and up.

\_\_\_\_\_ number of children x \$18 = \$ \_\_\_\_\_ Total Child Fee

\_\_\_\_\_ number of non-member x \$28 = \$ \_\_\_\_\_ Total Adult Fee

\$ \_\_\_\_\_ Total Enclosed for Low and High Ropes Challenge Course

### Circle the time you prefer for low and high courses (times may change depending on the size of your group)

9 a.m. -4 p.m.

1-7 p.m.

Call to make special arrangements for other time slots

## ENVIRONMENTAL EDUCATION WORKSHOP (EEWs)

EEW date preference \_\_\_\_\_ Time \_\_\_\_\_ Topic \_\_\_\_\_

\$8 per participant (Minimum \$40 fee charged.) - Call camp contact (page 5) for available topics

\_\_\_\_\_ number of participants x \$8 = \$ \_\_\_\_\_ Total Fee

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## DISCOVERY TUBS **LV HO CO CC CA MH**

\$15 per tub for a 2 week period - Call camp contact (page 5) for available topics

\_\_\_\_\_ number of tubs x \$15 + \$25 deposit per tub \_\_\_\_\_ = \$ \_\_\_\_\_ Total Fee

## COMPASSES **CO CC CA MH**

\_\_\_\_\_ quantity x \$25 refundable deposit per compass = \$ \_\_\_\_\_ Total Fee

## PROPANE STOVES & CYLINDERS **MH**

\_\_\_\_\_ quantity x \$3 per stove = \$ \_\_\_\_\_ Total Fee

\_\_\_\_\_ quantity x \$3 per cylinder = \$ \_\_\_\_\_ Total Fee

## TENTS **LV CO CA**

\$75 deposit per tent

\$5 per night rental

\_\_\_\_\_ number of nights x \$5 rental fee + \$75 deposit = \_\_\_\_\_ Total Fee

## Rentals & Equipment Total Fees

\$ \_\_\_\_\_ (Enclose check or you may call to pay with a credit card.)

Deposits are refundable in whole or in part depending upon the condition of the equipment and/or facilities upon departure. Items will be checked for any damage or breakage, please see "List for Check-out" form.

Please note: As stated previously, a certificate of insurance for general comprehensive liability coverage with a minimum of one million dollars naming Girl Scouts Spirit of Nebraska as additionally insured must be submitted with this agreement. Proof of workers compensation coverage is required for all work-related events.

## Cancellation or changes:

If you need to cancel or move a reservation, a written notification (*may be emailed*) must be received as soon as possible in order to receive any part of a refund. The refund amounts and timetable are as follows: *This applies even if you move your reservation.*

6 months in advance = 75% Refund

2 months in advance = 50% Refund

2 weeks in advance = 25% Refund

Less than 2 weeks = 0% Refund

In addition, if you need to make a change or an adjustment to your reservation, that involves facilitators and lifeguards, you may be charged a minimum \$10 fee for every adjustment that requires a change of date or personnel.

## Additional Safety Information

Upon arrival, each group will be provided with a camp orientation that will include identification of camp boundaries, behavior expectations, precautions concerning possible hazards, emergency procedures, safety policies and regulations. Each user group is responsible for the provision of first aid including supplies or equipment, emergency care and an emergency vehicle when necessary; this can include professional emergency personnel. Each group is advised to gather the following information from all participants; name, address, emergency contact with phone numbers, lists of persons with known allergies or health conditions requiring treatment, restriction, or other accommodation while on site. For all minors without a parent on site, we recommend a signed permission to seek emergency treatment or a signed religious waiver.

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## Policies

Smoking is prohibited at all Spirit of Nebraska properties. Alcoholic beverages are only permitted when the entire property is rented and alcohol is served by a licensed caterer (additional deposit required). Caterers must have their insurance and state license on file with Girl Scouts Spirit of Nebraska. Individuals or groups may not carry in alcoholic beverages. Non-prescribed controlled substances are prohibited. Firearms, fireworks and concealed weapons are prohibited on all Girl Scouts Spirit of Nebraska properties. Pets are prohibited. Use of non-passenger or recreational vehicles, such as mopeds and all-terrain vehicles is prohibited. Vehicles must be kept on roadways and parked only in designated areas. All campfires must be supervised by an adult at all times. Personal sports equipment shall be handled and stored safely for the protection of everyone. It is to be used at your own risk and neither Spirit of Nebraska nor its employees are responsible for your safety during its use. Neither Spirit of Nebraska nor its employees are responsible for any lost or stolen personal property.

I have read and understand the above policies. I understand that if anyone in my group does not abide by the policies we may be asked to leave, forfeiting the entire rental fee and deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Forms & Payment Enclosed?  Y  N

Roster Enclosed?  Y  N

First Aid and CPR Certification Enclosed?  Y  N

Certificate of Insurance  Y  N

Approved on behalf of Girl Scouts Spirit of Nebraska by \_\_\_\_\_

Date Approved \_\_\_\_\_

## Contact and Reservation Information

### Lakeview Cabin

302 West D St.

Ogallala, NE 69153

**Camp Contact:** 800.458.4467 or LVcampreservations@girlscoutsnebraska.org

### Hidden Oaks Cabin

710 E Hwy 20

Valentine, NE 69201

**Camp Contact:** Mary or Jerry Henderson 402.376.2026 or 402.376.1144

### Camp Cosmopolitan

2512 N. Webb Rd.

Grand Island, NE 68803

**Camp Contact:** 800.627.5940 or COcampreservations@girlscoutsnebraska.org

### Camp Crossed Arrows

2121 S. 44th St.

Omaha, NE 68105

**Camp Contact:** 877.447.5558 x221 or CAcampreservations@girlscoutsnebraska.org

### Catron Camp and Retreat Center

609 N. 60th Rd.

Nebraska City, NE 68410

**Camp Contact:** 888.878.9822 or CCcampreservations@girlscoutsnebraska.org

### Camp Maha

2121 S. 44th St.

Omaha, NE 68105

**Camp Contact:** 877.447.5558 x221 or MHcampreservations@girlscoutsnebraska.org