



ADVENTUROUS
Christians

2018 Family Canoe Trip Reservation & Contract Form

Contact Info:

Contact Person _____ Phone _____
Address _____ Phone-Cell _____
City/State/Zip _____ Email _____

Trip Details:

Dates:

Arrival at AC _____ Trip Start _____ Trip End _____ Depart AC _____

Group Description:

Total # in Party _____ Coed: Y / N # of Males _____ # of Females _____
of Adults _____ # of Youth (12-17) _____ # of Children (5-11) _____ # of Pre-K (B-4) _____

Type of Trip:

3-Night Package 4-Night Package 5-Night Package

_____ # of Canoe Groups (9 total allowed per group in BWCAW, including your guide; 4-person minimum)

| Description | Number | x | Cost | = | Total Charge |
|-------------|--------|---|------|---|--------------|
|-------------|--------|---|------|---|--------------|

Canoers _____ x _____ = \$ _____

*Note: These costs **include** the USFS permits and user fees. All participants must be immediate family members for reduced rate.

Guaranteed Costs (85% of the estimated costs) \$ _____

If you cancel a canoe group after June 1st, or 45 days prior to arrival date the guaranteed costs are required.
If you cancel before that the deposit cost (\$500/canoe group) is required.

If this contract has not been returned with your deposit by ___/___/___, we will assume that you are not planning to use Adventurous Christians.

\$ _____ Estimated Cost

(-) \$ _____ Deposit (\$500/canoe group), to hold reservation (*non-refundable*)

= \$ _____ Full Payment, *due upon arrival*

I understand this agreement and have read the AC camp use statement.

Signature of Group Leader, Title

Date

FOR OFFICE USE ONLY

Contract prepared by _____ Deposit received for \$ _____ Date received ___/___/___