

**KAMP KIWANIS SCOUT CABIN
RESERVATION FORM**

Organization: BSA [] GSA [] Church [] Other [] _____

Unit Type: Pack [] Troop [] Venture [] Other [] _____

Unit Number: _____

Date(s): _____ Number in Group: _____

Arrival Date/Time: _____

Departure Date/Time: _____

Leader in Charge (print): _____ Title: _____

Address: _____

City/State/Zip: _____ Phone: (____) _____

Your Contact is: Larry Meteiver (574) 361-8380
 Al Benham (574) 293-4879

MAKE CHECKS PAYABLE TO: "Kiwaniis Club of Elkhart"
54215 Forest Grove Ave.
Elkhart, IN 46514

I (We) agree to indemnify and hold harmless the Kiwanis Club of Elkhart, Inc., its officers, directors and members for any personal injury or property damage incurred or caused by me (us) or any party in my group, including without implied limitation any court costs, attorneys' fees and other expenses of defending any action.

Signed: _____ Date: _____

Signed: _____ Date: _____

Cabin has keyless entry code. Call either contact prior to arrival date for the current entry code.

Cabin rental fees: One day/night \$35.00
 Two consecutive nights \$45.00