

□ YES □ NO

NOTES:

WOULD YOU LIKE TO MAKE RESERVATIONS FOR NEXT YEAR?

PREFERRED RESERVATIONS:

Proudly Owned and Operated by



At	ter	nda	nce	Wo	rksl	he	et

PLEASE COMPLETE AND RETURN THIS WORKSHEET TO THE CAMP MANAGER PRIOR TO DEPARTURE.

Event Date(s):	
Group Name:	
Person in Charge:	
Phone:	
Facility Area:	

Date 00/00/00	Camper Overnights Total	Camper Days Total (Day Use Only)			
Total:					

	Rate:	\$ Per Person, Per Night	\$ Per Person, Per Day
Total:			

Calculations...Total Camper Nights/Days x Rate Per Use = Total Rental Charges.

Total Rental Charges:				
Additional Charges: (Damages, Tax and/or Other)				
Credits Due to Group: (Deposits, Online Payment)				
Total Due to Camp Sylvester Resor	t:			
Amount Received:		\$_	 	
		SH		DIT CARD
Method of Payment	Ck #:		Finance Charges:	\$
Received By:				

Please make checks payable to: Camp Sylvester, P.O. 1479 Pinecrest, CA 95364 White Copy-Event, Canary Copy-Farm Bureau, Pink Copy-Camp Sylvester