



Proudly Owned
and Operated by



Attendance Worksheet

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	Number of Camper Nights	Camper Nights Total (Add Across)	Number of Camper Days (Day Use Only)	Camper Days Total (Add Across)
Total:				

**WOULD YOU LIKE TO MAKE
RESERVATIONS FOR NEXT YEAR?**

YES NO

PREFERRED RESERVATIONS:

NOTES:

Rate: \$ _____
Per Person, Per Night

Rate: \$ _____
Per Person, Per Day

Total Camper Night
Rental Charges:

Total Camper Day-Use
Rental Charges:

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 Resort:		

Amount Received: \$ _____

Method of Payment

CASH CHECK CREDIT CARD

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

Revised/Updated: September 2017