



Camp Niwana Final Confirmation Form

Due 10 business days prior to your arrival

Camp Niwana Reservations c/o Camp Sealth PO Box 13599 Burton WA 98013
Rental Office Phone 206 463 3174, ext. 21 Fax: 206 463 6936

Your Group's Name: _____ Dates you'll be at Niwana: _____

Phone Number(s) Day: (_____) _____ Evening: (_____) _____

1. Please complete this form and retain a copy for your records. Send the other to the address or fax above.
2. This final confirmation must be received as stated in the Agreement. The billing for your use of the camp will be based on 85% of the contracted occupancy, or the actual number of individuals in attendance, or this confirmation, which ever is greater.
3. Name of Event Coordinator: _____
Arrival Date of Coordinator: _____ Arrival Time _____
4. Arrival Date of Group: _____ Arrival Time _____
5. When are good times for our staff to do:
 - A. A "walk-through" and orientation with you? _____ (Allow 30-40 minutes)
 - B. An orientation with your entire group? _____ (Required; takes 15-20 minutes)
6. Departure Date: _____ Departure Time: _____
7. Please indicate the total number expected for each night:

Date	Day	No. of people		Date	Day	No. of people		Date	Day	No. of people
	Saturday				Saturday				Saturday	
	Sunday				Sunday				Sunday	
	Monday				Monday				Monday	
	Tuesday				Tuesday				Tuesday	
	Wed.				Wed.				Wed.	
	Thursday				Thursday				Thursday	
	Friday				Friday				Friday	

8. Person(s) responsible for:
 - First Aid/Emergency Care/CPR _____
 - Emergency Transportation _____
 - Supervising the group and its behavior _____
 - Lake activities (swimming, boating, etc.) _____
 - Archery _____
 - Other _____