



# Camp Sealth Final Confirmation Form

Due 10 business days prior to your arrival

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 Sealth: \_\_\_\_\_

Phone Number(s) Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

- Please complete this form, retain one copy for your records, send the other to the address or fax above.
- 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
- Name of Event Coordinator: \_\_\_\_\_  
Arrival Date of Coordinator: \_\_\_\_\_ Arrival Time \_\_\_\_\_
- Arrival Date of Group: \_\_\_\_\_ Arrival Time \_\_\_\_\_
- When are good times for one of our staff to do:
  - A "walk-through" with you of facilities you'll be using? \_\_\_\_\_ (Allow 20-40 minutes)
  - An orientation with your entire group? \_\_\_\_\_ (Required. Takes about 10-15 minutes)
- Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

7. At right, please indicate the total number expected for lodging:

8. Person(s) responsible for:
- First Aid/Emergency Care/CPR \_\_\_\_\_
- Emergency Transportation \_\_\_\_\_
- Supervising the group and its behavior \_\_\_\_\_
- Waterfront activities (boating, swimming) \_\_\_\_\_
- Archery \_\_\_\_\_
- Challenge Course \_\_\_\_\_
- Other \_\_\_\_\_

Date	Day	No. People Overnight
	Saturday	
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	

9. If we are providing your food service for you, please indicate the number of youths (Y) and adults (A) expected for each meal:

		Breakfast			Lunch			Dinner			Snack		
Date	Day	Y	A	Total	Y	A	Total	Y	A	Total	Y	A	Total
	Saturday												
	Sunday												
	Monday												
	Tuesday												
	Wednesday												
	Thursday												
	Friday												