

FACILITY RENTAL INTEREST FORM

Thank you for choosing Camp Fletcher for your upcoming event. We look forward to working with you for a successful visit. Please complete the information below and return to our camp office via mail or email.

Name of Group, Company or Org	ganization			
Contact Name	Title/Position			
Address	City		State	Zip
Daytime phone ()		Evening phor	ne ()	
Cell phone ()	Fax	()		
Email				
EVENT INFORMATION				
Purpose of the Event:				
Arrival Date	Day		Time	
Departure Date	Day		Time	
Are these dates flexible: Yes	No			
Alternate dates: Option 1:		Option 2:	:	
Method of Transportation: Bus	Van	Private Car		
Number of Adults: Number	er of Students:			
We recommend you contact the opior to your event to get the full				ur of our facilities