

GROUP REGISTRATION FORM

Camp Vista

N3398 Chapel Heights Road Campbellsport, WI 53010 Ph: 920-533-4258

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*This form is for the records of **event organizers** and **Camp Vista only***

(please print)

GROUP INFORMATION

GROUP / EVENT name _____ estimated number of people _____

Contact person/group leader - first, last name _____

Street Address _____ City _____ State _____ ZIP _____

Telephone numbers tel: (____) _____ cell: (____) _____ fax: (____) _____

E-mail _____@_____

Arrival date ____/____/____ time ____:____ Departure date ____/____/____ time ____:____

Enclosed nonrefundable deposit of \$300 payable to Camp Vista

PERSONS RESPONSIBLE

Each group wishing to use Camp Vista must provide a person responsible for the following areas:

Food service person (if you prepare meals on your own) _____
(FIRST, LAST NAME - please print)

This person is responsible for managing food preparation and proper storage. We strongly recommend to read information about safe food preparation as well as how to store food properly. You might find them by using the following link: https://datcp.wi.gov/Pages/Programs_Services/FoodCode.aspx

Medical person _____
(FIRST, LAST NAME - please print)

This person should have an access to the group medications (brought by the group) that might be needed by the campers during event. This person will distribute medication to campers and will keep record of it. It is recommended that this person has first aid/CPR knowledge and possess group own basic medical supplies. Also, this person might request the key to the first aid Camp Vista cabinet where basic medical supply is stored. For renters group Camp Vista is not providing professional medical assistance. In case of an emergency medical person - or group leader should call 911 and/or:

- **Froedtert St Joseph Hospital in West Bend** (21miles from camp) – ph. (262) 334-5533, 3200 Pleasant Valley Rd, West Bend, WI

- **Medical Clinic in Campbellsport** (7 miles from camp) – ph. (920) 533-8361, 350 E Sheboygan St, Campbellsport, WI

- **Camp Director** (¼ mile from the camp) – ph. (920) 602 1972 or (920) 533 4258 or (920) 602 2004

Water activity person (if lakefront use is in the program) _____
(FIRST, LAST NAME - please print)

This person must have valid lakefront lifeguard certification and CPR, and must be 18 years old if he/she is the only one on the beach. This person must have his/her own lifeguard equipment (t-shirt, CPR mask, whistle, gloves etc.). He/she is responsible for keeping lakefront in safe condition (that also include putting back in order all waterfront equipment after lakefront was used)

I hereby certify that above information are correct and I will inform responsible persons listed above about their responsibilities

Group Leader signature

_____/_____/_____
Date

RATES

Age of participant	0 - 3 years old <i>infant rate</i>	4 - 9 years old <i>child rate</i>	10 and more years old <i>adult rate</i>
Day rental with overnight accommodation	Free	\$20	\$35
Day rental only	Free	\$10	\$17.50

1. Special discounted price for families that have more than 4 children. Please call for more information
2. Minimum number of campers in the group:
 - a) from after Labor Day Weekend to before Memorial Day Weekend (*regular time*)
minimum 50 adult paying the rate of \$35/night.
 - b) from Memorial Day Weekend to mid-of August (*prime time*)
minimum 120 adult paying the rate of \$35/night. For family retreats – minimum 25 families
 - c) from mid-of August to Labor Day Weekend (*popular time*)
minimum 60 adult paying the rate of \$35/night.
3. Kitchen use, waterfront equipment, fire rings, campfire wood is complimentary - no cost for the group
4. Minimum stay:
 - 1 night – week days (Monday thru Friday)
 - 2 nights – weekend days (Friday to Sunday)
 - 3 nights – holidays/long weekends (Easter, Memorial Weekend, 4th of July and Labor Day weekend)
 - 6 nights – summer months (June, July, August)
5. In the case that a group wants their meals to be prepared by Camp Vista, please contact the Vista office.

INSURANCE

As the person signing this form, I understand that every person using or entering Camp Vista must have medical/accidental insurance valid in the State of Wisconsin. The easiest way to inform participants about this policy is to ask them to complete and sign the [Individual Registration Form](#). I will make sure that every participant/member of my group will complete this procedure. Also, I informed my group participants that additional insurance for the group or individuals is available to purchase on [Travelinsured.com](#), [Travelguard.com](#) or other preferred provider available on the market. By signing this application, I/we agree to hold Camp Vista harmless and free from any liability from any occurrence leading to the need for medical treatment or any related expenses to it.

MEDICAL RELEASE

At the time of arrival Camp Vista Office must receive required group and [Individual Registration Forms](#). Copies (or pictures) of these forms group leader must have in safe and accessible possession. In case of medical emergency/treatment these forms might be requested by the hospital and/or any other medical facilities.

CHECK-IN

Check- in for overnight accommodation is usually at 4:00pm. At check-in, group leader should:

- have a rooming list adequate to reserved accommodation
- leave a copy of group registration form in the camp office
- leave copies of individual registration forms in the camp office
- receive keys to the first aid cabinet, assigned accommodation and to the kitchen from camp representative

CHECK-OUT

Check- out for overnight accommodation is usually at 11:30am. At check-out group leader should:

- make sure that all areas used by the group are cleaned
- meet the camp official for final check out
- pay full amount for the retreat with the check payable to Camp Vista (we do not accept credit cards)

Before departure group must clean all camp areas used by the group (the cabins, meeting rooms, kitchen, bathrooms, chapel, campfire and other) by using the camp cleaning equipment. A group might use an option not to clean used areas. In this case additional charges will apply (for example cleaning the cabin - \$50)

Group Leader signature

_____/_____/_____
Date