



FAIRBANKS RESCUE MISSION

PO Box 73250
 Fairbanks, AK 99707-3250
 907.452.5343 Fax: 907.451.7058
 www.fairbanksrescuemission.org

Reservation Date(s):
 In: _____ 1 PM Out: _____ 12PM

Organization Name _____

Name of Representative _____

Mailing Address: _____

Phone: Business _____ Home/Message _____

E-Mail: _____

Check in time is 1:00 PM ~ Check out time is 12:00 Noon

Services	Rates	Estimated Number of People in Group		X Per Person Fee	X Number of Summer Nights	= TOTALS
SUMMER (5/15-9/15): *All buildings with water, electricity, and propane *(availability subject to temperature)	\$20 per adult (age 12+)per day, \$10.00 children (age 2-11) per day (\$200.00 minimum) NEW: \$250 Day Use	Adults (age 12+)		\$20.00		
		Children (age 2-11)		\$10.00		
WINTER 9/16-5/14: Dining and Recreation Halls with propane only	\$140.00 per night			\$140.00	X Number of Winter Nights	
					Total =	
Deposit	\$200.00 per night				Minus Deposit ()	
Method of payment	Cash Check # _____ # _____ Credit Card				Total Due=	

By signing this contract, the above named organization agrees to abide by the Terms and Conditions of this contract as outlined below, including the attached Camp Closing Checklist and the Twin Bears Camp Use Guidelines, and will confine their activities to those described herein.

Signature _____

Title _____

Date _____

Terms and Conditions: Reservations are not considered confirmed until deposit is paid, and must be paid prior to the rental period. Final payment will be determined by the number of campers and can be paid by cash, check, or credit card. The rental party is responsible for camp clean-up prior to check out.