RENTAL APPLICATION

Requested Dates:_____ to _____20___

Name:_____Group:_____
Email:_____
Phone:_____

All requests are subject to WPC Executive Director approval

*****Security Deposit of $300 is required for all Camp Package Bookings*****

Camp Package

Includes main camp area, RV parking, cabins, chapel, fellowship hall and kitchen

# Of People	
0 to 50	**$550.00_____night(s)**
	=$_____
51 to 100	**$700.00_____night(s)**
	=$_____
101+	**$850.00_____night(s)**
	=$_____

Day Visitors **Visitors attending the Event during the day will be included in the total number of registered people**

No Pets / Alcohol / Drugs / Smoking / Firearms Onsite

Of People - All those who attend your event.

Minimum two night rental~ We offer no off-season **rates**

Prices are subject to change

~**Cancellation policy**:

Cancelled groups will be charged a $50 administration fee.

Groups must cancel 4 weeks in advance during peak season (June-September) and 2 weeks in advance for non-peak season or they will forfeit their entire security deposit.

Charges will be invoiced after event.

Payments can be made by cheque or credit card. Contact wpc.registrar@gmail.com for credit card processing. WPC is GST exempt and therefore no GST will be charged.

Signature of Applicant_____ Date_____

Rental agreement

1. *I have read the Purpose and Statement of Faith of Whispering Pines Fellowship Centre and Camp and confirm that our retreat is not in opposition with the Camp's purpose and Statement of Faith.*

2. *I affirm the group I represent will abide by the policies listed below. I will make the group aware of the guidelines before arrival.*

3. *Whispering Pines Fellowship Centre and Camp takes every precaution to ensure the safety and the good health of all Guest Groups. On behalf of the rental group, I hereby waive all claims and liabilities which I may have now or in the future against Whispering Pines Fellowship Centre and Camp, its board, directors, staff, and volunteers, or the employees of the facility outside the camp grounds in the event of any illness, accident or misfortune that may occur to any person, whether registered or not registered by the Guest Group. I recognized that Accident and Liability Insurance is the responsibility of the Guest Group and further agree to indemnify Whispering Pines Fellowship Centre and Camp and its employees for any and all legal fees (on a solicitor and his own client basis,) losses or costs which may be incurred in defending any lawsuit or claim I may bring against them.*

4. *I understand that smoking is strictly prohibited in all buildings and that the designated smoking area is located at the outdoor fire pit. Whispering Pines Camp is a non-licensed facility and as such alcohol is not to be consumed on the property. Non-prescription drugs are also prohibited on the property. Fireworks are not to be used on the property unless authorization has been granted by the Camp Manager.*

5. *I acknowledge that Whispering Pines Fellowship Centre and Camp are not responsible or liable for lost or stolen items.*

6. *As a representative for the Guest Group, I have secured appropriate insurance coverage.*

7. **I affirm that the group will leave the camp equipment and buildings in the same condition as the time of the group's arrival.**

8. *I understand the Guest Group will be required to clean up at the completion of the booking according to Camp standards and must pass Staff Inspection to regain our security deposit.*

*Guest Group Name*_____

*Date Requested for Camp Booking*_____,*20*_____

*Signature of Group Leader*_____*Date:*_____

USE OF FACILITES IS BY RESERVATION ONLY.

For more information, please contact:

Registration Office: wpc.edirector@gmail.com

Telephone: 403.893.2072