

## Channel 3 Kids Camp Facility Rental Application

Group Name:				Date:		
Group Poir Contact:	nt of					
Address:						
Address:	Street Address					
	City			State ZIP Code		
Phone:				Email		
Dates requesting: From:				To:		
Number of	guests:					
Are you sta	aying overnight?	YES	NO	Do you want low ropes initiatives provided?	YES	NO
Do you want meals provided?		YES	NO	Do you want high ropes initiatives provided?	YES	NO
Do you want to use the pool?		YES	NO	Do you need a TV/Projector?		NO
Explain in f	ew brief sentences, the pu	rpose of using	our fa	cility:		