



Reservation Request Form

Fill out and mail to: Camp Ida-Haven
 PO Box 4330
 McCall, ID 83638

Name of Group _____ Contact Person _____

Address _____ City _____

State _____ ZIP _____

Home Phone _____ Work Phone _____

Use Dates: From ____/____/____ to ____/____/____ Number in Group: _____

Facilities Requested:

- Main Lodge _____ Rooms
- Guest House _____ People
- Pathfinder Lodge _____ People
- Cabins _____ (Cabins accomodate 12 people)
- RV Spaces _____

Meals Needed: (give number for each meal)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Total							

If this application is accepted, our group agrees to abide by all camp policies, to assume full responsibility for our group and not to hold Camp Ida-Haven liable for any damage, loss of property or injury to persons while on camp property. We understand that our group must provide our own accident and liability insurance coverage and send proof of insurance to the camp office prior to our arrival.

Total Deposit Included with this form (according to Fee Schedule): _____

Signature _____ Date _____