



# 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 \_\_\_\_\_