

PSADland Camp Reservation Form

Send this form a week before the event, better send it to Bob ASAP

Non-Refundable a week before the event

Campground tent site Rental: \$15 per weekend – up to 4 people

Additional \$5 per person (13 years old and up)

Cabin Rental \$75 for the weekend (4 beds) – only 2 cabins – Handicap access

Cabin Rental \$95 for the weekend (6 beds) – only 2 cabins

Cabin Rental \$110 for the weekend (8 beds) – only 6 cabins

Bring your own air-mattress (twin size) and pillow

Cabin has no running water or bathroom ~~ No pets are allowed inside the cabin

Bring your own RV? - \$20 per night

with water & electric hook-up for up to 2 persons staying in RV

Staying in RV without water & electric hook-up

\$15 per night for up to 2 people

\$10 additional for each person (age 13 years old and up)

RV Quality Type Generator only, please ~~ Dogs must be on a leash at all times – no long leash, please

Need more information? Contact Bob Maher, Camp Director

TTY/FAX/VP: 814-696-9650 Email: psadcampdirector4@yahoo.com

PSAD web site: www.psadweb.org "PSADland Camp" (left side)

----- Cut along a dotted line -----

Name of Event: _____ (WHEW, MEOW, Fall Campout or other event)

		Rates for 2007		
Overnight Guest	Please choose one rental type	Cabin Rental	\$75.00 per weekend (4 beds)	\$
			\$95.00 per weekend (6 beds)	\$
			\$110.00 per weekend (8 beds)	\$
		RV Site Rental <u>with</u> electric and water hookup	How many nights of stay? ___ x \$20.00 per night (2 pp) How many additions for person sleeping in your RV? ___ additional person x \$10.00 per night x # of nights ___	\$
	RV Site Rental <u>without</u> electric and water hookup	How many nights of stay? ___ x \$15.00 per night (2 pp) How many additions for person sleeping in your RV? ___ additional person x \$10.00 per night x # of nights ___	\$	
	Campground Tent Site Rental	\$15.00 per weekend (4 pp) ___ additional person x \$5.00 per night x # of nights ___	\$	
			Total Charge	\$

Make check payable to PSAD Camp Fund & Mail it to: Bob Maher, RD 2 Box 3070, Portage, PA 15946

Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/TTY Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

Deadline a week before the event