



RENTAL REQUEST

Contact Name _____

Organization _____

Address _____

Phone (____) _____

Date Requested:

Check in date and time __/__/__ __:__

Check out date and time __/__/__ __:__

Number of Adults _____

Number of Children _____

Area Requested

- ____ Volc Lodge
- ____ Main Camp
- ____ Makuala Point
- ____ Windego
- ____ Campsite
- ____ Kitchen / Dining Room

Services/Supplies Requested

- ____ Fire wood
- ____ Pool

All groups must supply:

- Certificate of insurance
- Outline of activities you plan to do at Camp Tuckabatchee
- CPR and First Aid Card Holder
- List of all participants upon arrival at camp

Please print this form, enclose your completed Certificate of Insurance and \$50.00 deposit to hold your date. You will be notified if date is not available.

Please read carefully before signing.

Our organization is acquainted with the rules for use of the camp facilities. We agree by these rules. We understand that we are responsible for any phone call made on the camp phone during our stay. Our organization / contact person will be held responsible for any damages which accrue during our stay.

Signature of Organizer _____

Date __/__/__

Please mail to:

Camp Tuckabatchee
1973 N. 35th Road
Ottawa, IL 61350-9474

Phone: 815-433-2984