



Environmental Education Registration Form SPRING 2024

CONTACT INFORMATION

School: _____

School Address: _____

Contact Teacher Name: _____

School Phone: _____ Contact Teacher Phone: _____

Contact Teacher Email: _____

STUDENT INFORMATION *FINAL HEADCOUNTS ARE DUE 2 WEEKS BEFORE ARRIVAL DATE*

Boys: _____ # Girls: _____ Grade: _____ # of Teachers: _____ # of Chaperones: _____

Please Note: One member of the school's personnel (either a teacher or administrator) **MUST** be present for every 30 students in attendance. School personnel along with the chaperones will provide supervision of the students at all times. For overnight trips, separate accommodations for lodging will be provided for school personnel if they will not be supervising students in the cabins at night. Schools should provide at least 2 chaperones per cabin with male chaperones staying in male cabins and female chaperones staying in female cabins.

PACKAGES \$50 DEPOSIT is required to reserve a DAY package
 \$100 DEPOSIT is required to reserve an OVERNIGHT package
REMAINING BALANCE IS DUE 2 WEEKS BEFORE ARRIVAL DATE

Please select from one of the following packages:

Package	Price	Arrival/Departure	Adults	Meals
1 Day <input type="checkbox"/>	\$40/student	9:00am – 4:00pm	1 adult/10 campers	N/A
1 Day w/lunch <input type="checkbox"/>	\$45/student	9:00am – 4:00pm	1 adult/10 campers no charge \$10 per each additional adult	Lunch
1 Night <input type="checkbox"/>	\$95/student	Arrive 9:00am on day 1 Depart 4:00pm on day 2	2 adults/cabin no charge \$25 per each additional adult	Day 1: Lunch & Dinner Day 2: Breakfast & Lunch
2 Nights <input type="checkbox"/>	\$125/student	Arrive 5:00pm on day 1 Depart 4:00pm on day 3	2 adults/cabin no charge \$35 per each additional adult	Day 1: Dinner Day 2: Breakfast, Lunch & Dinner Day 3: Breakfast & Lunch

CHECK THE DATES THAT YOU ARE INTERESTED IN:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> April 15 | <input type="checkbox"/> April 22 | <input type="checkbox"/> April 30 | <input type="checkbox"/> May 6 | <input type="checkbox"/> Other |
| <input type="checkbox"/> April 16 | <input type="checkbox"/> April 23 | <input type="checkbox"/> May 1 | <input type="checkbox"/> May 7 | |
| <input type="checkbox"/> April 17 | <input type="checkbox"/> April 24 | <input type="checkbox"/> May 2 | <input type="checkbox"/> May 8 | |
| <input type="checkbox"/> April 18 | <input type="checkbox"/> April 25 | <input type="checkbox"/> May 3 | <input type="checkbox"/> May 9 | |
| <input type="checkbox"/> April 19 | | | <input type="checkbox"/> May 10 | |

*Please email the office at campchristopher@ccdoble.org to verify the availability of dates before sending in your Registration Form and deposit.

If you checked other, please explain:

ADDITIONAL SERVICE REQUESTS (please choose ONE)

- Rock Wall, all ages (only available on select dates)
- Zip Line, ages 10+ (only available on select dates)
- High Ropes Course, ages 13+ (only available if whole group is 13+, only available on select dates)

DEPOSIT *DUE NOW* **REMAINING BALANCE** *DUE 2 WEEKS BEFORE ARRIVAL DATE*

Select Payment Method: Check Credit Card

Credit Card #: _____ Expires: _____ CVV: _____

Name of Card: _____

Billing Address: _____

Checks can be made out to "**Catholic Charities**" and sent to:

**Camp Christopher Office
812 Biruta Street
Akron, OH 44307**

INSURANCE Please select one of the following:

- This organization is not insured through the Diocesan Insurance Service Corporation (DISC), but would like to purchase a special event policy through DISC at the cost of \$135.00/day.
- This organization is insured through the Diocese of Cleveland and will e-mail a copy of the policy to campchristopher@ccdoble.org
- This applicant organization is insured by a carrier rated at least 'A' by A.M. Best Company and approved in Ohio, and will submit at least 14 days prior to the booking a certificate of insurance from the carrier to include:
 1. Acknowledgement that the applicant organization is fully insured with commercial general liability insurance with a combined single limit of no less than \$1,000,000 per occurrence;
 2. Provision stating that carrier provides coverage to the applicant organization for both bodily injuries, including death, and property damage throughout the use and occupancy of the camp and completed operations;
 3. Provision naming as additionally insured Catholic Charities Corporation, Camp Christopher, Diocese of Cleveland Facilities Services Corporation, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, its agents, employees, officers, partners, affiliates, assigns and contractors.
 4. Provision by Insurer stating that it will be the primary payer of insurance and not contributory to any other insurance available to the additional insured with respect to the claims arising out of the License Agreement and that the insurance applies separately to each insured against whom a claim is made or suit is brought.
 5. Provision stating that Catholic Charities Corporation shall be given advanced written notice of the cancellation, non-renewal, or reduction in coverage of the insured.