



Anita-Alta 4-H Outpost Camp
 120 Hospital Ave. NE
 Lenoir, NC
 28645
 (828) 757-1252
 malin_wellman@ncsu.edu

Rental Agreement^{1/07}

1. Name of Group: _____
 Person in Charge (attending with the group) _____

2. Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail: _____

3. Check the activity planned - These activities are included in \$2/day facility fee:
 Picnicking _____ Outdoor Cooking _____ Hiking _____ Nature Study _____
 Fire craft _____ Tool craft _____ Map & Compass _____ Shooting Sports _____
 • \$3 per day per person user fee for equipment for these activities:
 Challenge Course _____ Fishing _____ Archery _____
 Other Activities (Please Specify): _____
 Fees for Camping- (low-impact, platform tents, cabins), Firewood & Canoeing are listed below.

4. Dates desired: 1st choice: _____ 2nd Choice: _____
 Rental Agreement Form with Security Deposit **MUST** be approved before date will be secured.)

5. Expected Time of Arrival: _____ Departure: _____

6. Expected Attendance: Boys _____ Girls _____ Adults _____

7. Facilities & Equipment: (Each campsite has the capacity to sleep 32, with 2 latrine units, a pavilion, a picnic shelter & cooking units. Please indicate number needed.)

FACILITIES FEE: (For 8 am to 5 pm day users only.)

\$2 per person - (CIRCLE The Meadows, Beaver Station, Pond) ___ # participants X \$2 = _____
 OR \$3 per person - (Archery, Challenge Course, Fishing) ___ # participants X \$3 = _____

OVERNIGHT FEES: (Those staying overnight do not have to pay the day fee.)

LOW IMPACT TENT CAMPING – (with your own equipment) = \$1 per night per person with a minimum of \$5 per tent per night. (Please circle preferred location: Pond, Meadow Pavilion, Beaver Pavilion, or Wilderness site.)

of people = _____ # of Tents _____ = _____

PLATFORM TENTS = \$2 per person per night with a minimum of \$8 per platform tent per night, \$32 for 4 platforms on 1 ridge, or \$64 per night for all 8 platform tents.

Boys area – (4 platform tents and latrine unit) - _____ # needed

Girls area – (4 platform tents and latrine unit) - _____ # needed

of people = _____ # of Platform Tents _____ = _____

Use of Pavilion & kitchenette _____ & Picnic Shelter & fire Pit _____ included upon request.

CABINS = \$3 per night per person with a minimum of \$12 per cabin per night, or \$24 for 2 cabins, \$36 for 3 cabins & \$48 per night for all 4 cabins.

Boys area – (2 cabins and latrine unit) - _____ # needed

Girls area – (2 cabins and latrine unit) - _____ # needed

of people = _____ # of Cabins _____ = _____

Use of Pavilion & kitchenette _____ & Picnic Shelter & fire Pit _____ included upon request.

FIREWOOD @ \$3 per bundle x _____ bundles = _____

CANOES: \$5 per canoe per day on-site \$5 x _____ = _____

Off-site Rental - Extension Staff ONLY: \$50 Security Deposit _____

\$18 per canoe per day for off-site use \$18 x _____ = _____

\$25 canoe trailer rental unless renting 4 or more canoes = _____

SECURITY DEPOSIT: (Facility Use = \$50 / Overnight use= \$50 per night) Check # _____ = _____

(Please make check out to NCSU & include your Rental Agreement form with your security deposit. Mail to Anita-Alta 4-H Camp, 120 Hospital Ave NE, Lenoir, NC, 28645). **NOTE: FAILURE TO CANCEL**

RESERVATION 48 HRS. PRIOR TO SCHEDULED ARRIVAL TIME or to CHECK IN OR OUT AT THE CARETAKERS HOUSE WILL RESULT IN A FORFEITURE OF YOUR SECURITY DEPOSIT.

I acknowledge that my use of the camp facilities and services involves potential risks, including the possibility of injury, death, or property loss due to negligence or other causes. As part of the consideration for being allowed by North Carolina State University and the Camp to use the facilities and services, and as an authorized representative of the group, I agree that the Group, as well as I personally, shall assume legal responsibility for all acts and omissions of, and risks to, members, agents and guests of the Group.

The renter will defend, save and hold harmless NCSU, Anita-Alta 4-H Outpost Camp and NC Cooperative Extension Services for liability for acts, missions, claims, demands or negligence of renter, its employees, agents or representatives, and any volunteer staff under its supervision.

Signature of Person Responsible _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Driver's License # : _____ State: _____ Tag #: _____

Staff Approval: _____ Date: _____

CHECK IN TIME: _____ **CHECK-OUT TIME:** _____

Check-Out: (You MUST have a camp staff check you out, so if you decide to leave earlier than the time listed above, be sure you let them know at least 1 hour before departure.)

NC 4-H Camp Staff Comments: _____

Fees – List Cause & charges: _____

(If any charges are made a copy of the signed check-out form and receipt must accompany the balance of the deposit refunded.)

User Comments: _____

Staff Sign Off of completed Check out: _____ Date: _____

SECURITY DEPOSIT RELEASE: _____

TOTAL USER FEE: _____ **Check #** _____ **Receipt #:** _____

(Make check out to NCSU and return to Anita-Alta 4-H Camp, 120 Hospital Ave NE, Lenoir, NC, 28645) 1/07