



**Beaver Brook Association**  
 117 Ridge Road  
 Hollis, New Hampshire 03049  
 Tel 603-465-7787  
 www.beaverbrook.org

# Cabin Reservation

Fax 603-465-9546

## **IMPORTANT!!**

- **FEES:** \$60 first night / \$30 each additional night.
- **RESERVATIONS:** Full payment with signed reservation form along with a \$100 refundable security deposit on a separate check or credit card is required to reserve date.
- **TOUR:** A Cabin “walk through” by an attending adult is mandatory and should be scheduled with BBA staff within 2 weeks of arrival date.

**Arrival:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm      **Departure:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Purpose of Visit:** Please explain how this visit complements your group's educational goal:

\_\_\_\_\_

Number of **Students** Attending: \_\_\_\_ Number of **Adults** Attending: \_\_\_\_ (at least 1 adult for every 10 students)

**MAXIMUM TOTAL NUMBER CAN NOT EXCEED 22 OVERNIGHT ATTENDEES**

Name of Adult: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Person responsible for group:**

Name: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

*I have read the campsite guide and take responsibility to ensure all group members adhere to the rules and regulations of Beaver Brook Association.*

\_\_\_\_\_  
 Group Leader

\_\_\_\_\_  
 Date

*For Office Use Only*

Total Fee = \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Certificate Of Insurance \_\_\_\_\_

Refundable Security Deposit: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Date check returned \_\_\_\_\_

Walk Through Date Scheduled For: \_\_\_\_\_