Application For the Use of Camp Towles

Name of Organization	
Type of Activity	
Date of Activity	
Check-In Time	Check-Out Time
Name of the individual that is responsible f	for the Check-In
Individual's Phone Number(s) on date of C	Check-In
PLEASE CHECK THE DESIRED FAC	ILITIES:
Pavilion & Grounds (includes bathhous) 1st floor Dining Hall with Kitchen, & C 2nd floor Assembly Hall & Grounds Entire Dining Hall (both floors & Kitchen) All Facilities (extended use only)	Grounds
ESTIMATED NUMBER OF PARTICIP	PANTS
We have read the enclosed rules and regu	lations relating to the use of Camp Towles.
Signature of the Person Applying	
Printed Name of the Person Applying	
Telephone Number	
Address	
Date	
PLEASE RETURN THIS FORM TO:	WVU Extension Service Taylor County 7 Hospital Plaza Grafton, WV 26354

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: <u>TAYLOR COUNTY BOARD OF EDUCATION</u>

Note: All groups using Camp Towles must have a completed and signed application form on file. There will be no exceptions.

FOR OFFICE USE					
Date Received:	Amount:	Check #:			
Date Received:	Amount:	Check #:			
Date Received:	Deposit Received:	Date Returned:			

Camp Fees

Effective January 1st, 2012

Camp Towles available for rental from April 1st to November 1st

Groups interested in renting the facilities during the off season must call for further details.

Daily Rates

Facility			
1.	Pavilion & Grounds (includes bathhouse)	\$75.00	
2.	1 st floor Dining Hall with Kitchen, & Grounds	\$175.00	
3.	2 nd floor Assembly Hall & Grounds	\$125.00	
4.	Entire Dining Hall (both floors & Kitchen) & Grounds	\$275.00	
	Additional Overnight C	abin Rates	

Rate

1.	Youth Rate (ages 17 and under)	\$4.00
2.	Adult Rate (ages 18 and older)	\$6.00

3. Minimum nightly cabin rate of \$100.00 per night

A security deposit of \$50.00 or 20% of rental fee (whichever is greater) will be required of all groups and should be submitted along with the rental agreement. This deposit will be subtracted from your final payment, providing that no damage to facilities or equipment has occurred during the encampment.

AGREEMENT TO INDEMNIFY - To be signed by all users. The undersigned in consideration of being granted permission to use Taylor County School facilities and property, agrees that undersigned shall indemnify and hold forever harmless the Taylor County Board of Education and its employees against any liability as a result of any accident, injury or other mishap that may occur to anyone during, or as a result of said use of those facilities and property. The undersigned further agrees to defend against any claim brought against the Taylor County Board of Education or any of its employees as a result of any such accident, injury, or

CERTIFICATE OF INSURANCE—To be signed by all non-allied profit making users and others as requested. Undersigned further covenants and agrees that it shall be covered by an appropriate liability insurance policy in an amount of no less than \$1,000,000 for the purpose of insuring against any injury as a result of any accident or mishap during or as a result of the use of said facilities and property. A copy of said certificate of insurance will be submitted to the Board of Education within 5 days after Board of Education approval. The undersigned further understands that failure to submit said certificate will result in cancellation of the activity.

mishap.						
Date	Undersigned	Date	Undersigned			
For Board of Education Use Only						
ACTION:	Approved		7.			
	Denied	Superintendent's Signature				