



Our Lady of Good Counsel Camp, Inc.

Diocese of St. Petersburg

Email: Info@GoodCounselCamp.org

Camp Address:
8888 E. Gobbler Drive
Floral City, FL 34436
Ph: (352) 726-2198

Business Office:
4301 W. Homosassa Trail
Lecanto, FL 34461
Ph: (352) 270-8831

Good Counsel Camp Reservation Form

Complete all information in the blanks below and return with your deposit made out to **Good Counsel Camp**.

Group Name: _____

Contact Person: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: (Work) _____

(Cell) _____

Dates Requested: _____

Rate Option: Check the appropriate option

A) Day - No meal, **\$8.00** per person _____

D) Overnight - 1 night, 3 meals, 1 snack, **\$32.00** per person _____

B) Day - 1 meal, 1 snack **\$14.00** per person _____

E) Weekend - 2 nights, 4 meals, 2 snacks, **\$45.00** per person _____

C) Overnight - No meal, **\$16.00** per person _____

Expected number in group: _____

The use of other camp buildings, facilities or items at the camp which are not listed on the facilities request form is prohibited unless prior written permission from the camp director has been obtained. Failure to adhere to this policy will result in additional charges and jeopardize your group's future use of camp.

In renting Good Counsel Camp, I agree to maintain proper supervision of the above named group at all times during our stay. I agree that upon departure, buildings and grounds will be left in clean and proper order and that the above named group takes full responsibility for any damage incurred by any/all members of the group. Quiet time for all is to be in effect after 11:00pm out of respect to camp residents, camp neighbors and others who may be renting facilities.

In the event your group needs to postpone the scheduled weekend, your initial deposit may be applied to another date, less a \$25.00 administration fee.

In addition, I have read all of the rate information and agree to pay the appropriate amount for the above mentioned use of the facility.

Office Use Only

Deposit amount: _____

Date received: _____

Check number: _____

Balance Due: _____

Date received: _____

Check number: _____

Balance due: _____

Signature of Contact Person

Print Name

Date