

Facilities Rental Agreement

Reservation number 51630714 Gate Code: **#5163**

Name of organization Clay County Schools

Address 23 South Green St Green Cove Springs, FL 32043

Phone number 904-529-4901

Name of person responsible Kathy Schofield

Address saa

Phone number saa

Email kmschofield@OneClay.net

This agreement is your official notice that the following facility (facilities) are reserved for the use of the above organization: **2014 Discover Science Camp – facilities vary by session**

Date of Use: From	(Day)	Monday	(Date)	14 July 14	(Time)	8am
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With departure on	(Day)	Friday	(Date)	25 July 14	(Time)	5pm
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**Activity description: 2014 Discover Science Camp
 60 students per week - \$3720 per week**

Swimming, Boating and /or Archery activities: Proof of current certification from the American Red Cross, YMCA, ACA, etc. or equivalent approved program prior to arrival. Email to activities.registrar@girlscouts-gateway.org or fax to 904-384-1542. If you are unable to provide a lifeguard, NFLC may be able to assist. Please refer to fee descriptions and ratio requirements.

Swimming confirmed for ___ people from _varies___ to _____ Lifeguard provided by NFLC included in fee yes no

Boating confirmed from __varies__ to _____ Certified instructor provided by NFLC included in fee yes no

Archery confirmed from _varies___ to _____ Certified instructor provided by NFLC included in fee yes no

No food services are provided. Guests must furnish all paper goods and utensils. Overnight guests must provide all bedding linens, towels and personal toiletries.

No housekeeping services are provided unless indicated and included in fees. Guests are responsible for clean up of all facilities and grounds used. A cleanup checkout list will be provided at arrival. Mops, brooms and cleaning supplies are provided.

Cleaning fee included yes no

Total Fee: \$7440 based on 60 participants per week	Non-refundable Deposit : n/a <input type="checkbox"/> Paid <input type="checkbox"/> Due by / / to hold reservation	Balance due on final count \$7440
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Certificate of Insurance received **ON FILE**

I (Print name) _____ have read and understand the General Information and Rules provided. An Agreement for use of Girl Scout Premises is attached or on file. I agree to abide by and comply with these requirements while using the facilities and grounds at North Fork Leadership Center.

Signature _____ Date _____