



**Beaver
Brook
Association**

**117 Ridge Road
Hollis, New Hampshire 03049
603-465-7787**

CABIN RESERVATION

**Fax 603-465-9546
www.beaverbrook.org**

IMPORTANT!!

- **FEES:** \$100 first night/ \$25 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.
- **INSURANCE:** A Certificate of Insurance from your group's carrier is required on file at the BBA office.

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 CANNOT EXCEED 22 OVERNIGHT ATTENDEES

Name of adult: _____ Phone: _____

Name of adult: _____ Phone: _____

Person responsible for group: E:mail _____

Name: _____ Phone: (Day) _____ (Evening) _____

Address: _____ City: _____ State: _____ Zip: _____

I have read the campsite guidelines 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 _____ Walk Through Date: _____

Refundable Security Deposit: Check # _____ Date _____ Date check returned _____ rev.1/10