

Camp Lakotah

Return to: N1875 21st Ave. Wautoma, WI 54982
info@camplakotah.com 920-787-0123 text or call

Wedding or Event Lodging Reservation Request

***** Please note – bedding and linens are not provided by Camp Lakotah and are your responsibility to furnish***
 Lodging check in is 4:00 p.m. or 60 minutes prior to event start, whichever is earlier. Check out is 10:00 a.m.**

NAME OF EVENT: _____

DATE OF EVENT: _____

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Number of guests in your party _____ Preferred Lodging Option: _____

Check- In Date: _____ Check-In Time: _____ Check-Out Date: _____

	Cost per unit	# of Nights	Total
Cabin Shell	Mountaineers/Indian/Forest/Wetlands/NWT/Elk or Coyote \$60/night	#people #nights	\$
Modern Cabin	Eagles or Lynx or Shoreline (circle one) \$240/night up to 8 persons \$20.00 each add/person	#people #nights	\$
Lodge	Clearwater or Lakeview or Pineview (circle one) \$300/night up to 10 persons \$20.00 each add/person	#people #nights	\$
Bridal Suite	Otter Lodge \$150/night	#	\$
Tent Site	\$35.00/night maximum 6 persons/site	#	\$
RV/Trailer Site	\$40.00/night non- electrical \$50/night electrical RV size limits apply see Wedding Accommodations pdf. For details	#	\$
Extras	Pet Fee \$25/PER PET	#	\$
	Total Lodging Fees Due		\$

Guest Information: for additional guests, please use back of paper

Full Name _____ Over 18: yes no

Full Name _____ Over 18: yes no

Payment Information:

Cash Check 3.5% convenience fee assessed on all credit card transactions

Discover MasterCard Visa Cardholder's Name as it appears on card: _____

Card No. _____

Security Code (3 digit code on back of card) _____ Exp. Date (month/year) _____/_____/_____

Billing Address City: _____ State: _____ Zip Code: _____

Cancellation policy/agreement:

I understand that in the event of **cancellation less than 72 hours in advance**, Camp Lakotah will retain the full fee.

Rules & Policies: I have read and reviewed the Rules & Policies and agree to always abide to them during my stay. **Failure to abide will result in loss of security deposit for hosts.**

Waiver information:

I hereby give permission to use any video, photographs, or written statements from my family's experience in public relations materials including the internet without compensation.

I am aware of the risks and willing to assume them; I hereby waive, release and agree to hold harmless Camp Lakotah, its representatives and successors for all claims or liabilities of any kind arising out of my family's participation in this camp experience. I assume and accept the full responsibility for their participation.

In case of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my family members. I accept responsibility for medical/surgical treatment charges which may be incurred on my family's behalf.

Date: _____ Signature: _____

