



Camp Toccoa User Group Registration Agreement



Please complete this form and return it to our office by email, fax, or regular mail. For more information about availability, please call our office. Thank you!

Camp Director: Elaine Brinkley
director@camptoccoa.org
Office: 706-886-2457

Contact Information: 92 Camp Toccoa Drive
Toccoa, GA 30577
Fax: 706-886-5123

Thank you for choosing Camp Toccoa for your upcoming event, we look forward to working with you. Please complete this form so that we can best meet your groups needs. Feel free to call our office if you have any questions or concerns regarding your event.

GROUP INFORMATION

Please print all information and complete all fields below.

Name of Group, Company, or Organization: _____

Group Contact/ Title: _____ Full Name _____

Address: _____
Street City State Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____

Cell Phone: (____) _____ Fax: (____) _____

Email: _____

Each Group/Company/Organization must provide:

1. A copy of their Certificate of Insurance
2. One person currently holding certification in First Aid
3. Supervision of youth at a ratio of 1:8

EVENT INFORMATION

We highly encourage a pre-event tour of camp so that you will have a better idea of how your event will function. Please call our office to arrange a time to meet with one of our staff to discuss your event and tour the facilities.

Purpose of the Event: _____

Estimated number of *adult* participants (18 or older): _____ Coed All-Male All-Female

Estimated number of *youth* participants (under 18): _____ Coed All-Male All-Female

Average age of youth participants: _____

Preferred Arrival (Date/Time): _____ Preferred Departure (Date/Time): _____

Are these dates flexible: Yes No

Alternate dates: Option 1: _____ Option 2: _____

We require that you provide a tentative schedule for your event at least 2 weeks prior to planned arrival.

