

AEMP YOUTH CAMP HOST FORM
PLEASE PRINT LEGIBLE

Date: _____ Organization: _____

Person Responsible: _____

Address: _____

City: _____ Zip: _____ Phone: _____

First Aide Person: _____

Number of Occupants: Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____ Day 5: _____ Day 6: _____ Day 7: _____

Total Number Occupants: _____ X _____ days = _____ x \$5 per person = _____ (\$100 a day minimum)

**WATER AND GENERATOR USE IS \$50 PER DAY FOR 3 HOURS OF USE AND THEN \$7 FOR EVERY
ADDITIONAL HOUR.**

\$50 per day for 3 hrs of Generator and water use = _____

Generator reading: Start _____ End _____ = _____ hrs

-3 hrs per day = _____ hrs. X \$7 per hr. for additional use = _____

Occupant Charge _____

Generator Daily charge _____

Generator \$7 additional Charge _____

Total Charges _____

INSPECTION AT TIME OF ARRIVAL (CHECK IF OK)

CABINS: 1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____

Restrooms: Boys: _____ Shower: _____ Girls: _____ Shower: _____ Mess Hall: _____ Kitchen: _____ Craft Room: _____

Signature of Person in Charge: _____

Signature of Camp Host: _____

INSPECTION AT TIME OF DEPARTURE (CHECK IF OK)

Cabins 1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____

Restrooms: Boys: _____ Shower: _____ Girls: _____ Shower: _____ Mess Hall: _____ Kitchen: _____ Craft Room: _____

Garbage taken out: _____ Grounds clean: _____

NOTES: _____

Deposit to be returned by AEMP: Yes _____ No _____ (If no explain on back)

Signature of Person in Charge: _____

Signature of Camp Host: _____