

## Cape Henlopen State Park, Attn: Facility Manager

15099 Cape Henlopen Drive, Lewes, DE 19958 CapeReservations@delaware.gov

## **Resident Youth Camp Application**

We reserve the right to cancel any youth camping reservation at our own discretion.

Group Name		Day/Evening Phone #		
Group Address	City	State	Zip Code	
Contact Person's Name		Day/Ev	ening Phone#	
Address Email address:	City	State	Zip Code	
Reservation dates request:				
1 <sup>st</sup> Choice: Arrival Date:				
2 <sup>nd</sup> Choice: Arrival Date:	(2:00 p.m.) Depart Date:_		(11:00 a.m.)	
3 <sup>rd</sup> Choice: Arrival Date:	(2:00 p.m.) Depart Date:		(11:00 a.m.)	
# Youths 17 (or in High School) &	under #of Chaperones (Mu	st be over 21	) # of Dorms	
Ratio for youth to adults is 4:1 unless p	•		,	
<b>Check the Camp(s) You Wish</b>	to Reserve:			
Youth Camp I	Youth Camp II		Youth Camp III	
15 People per Dorm 8 Dorms Available (120 people) In-State: \$195 per dorm/per night Out-of-State: \$225 per dorm/per night	In-State: \$195 per dorm/ per n	ight	No longer available	
Yes, I want this Camp	Yes, I want this Camp			
Cancellation Policy: A group may scheduled arrival date. A non-refur The total deposit will be forfeited it of reserved dorms, the group must redate, or the group will be expected to I certify that I have read and under the control of the control	ndable administrative fee of 20% f notice of cancellation is given winotify the Facility Manager in write pay the full amount for all dorm	will be deduction that the deduction with the deduction of the deduction with the deduction of the deduction	eted from the group's origin 60 days' notice. To decrease 1) days prior to their schedu eserved.	al deposit. the number
Date:	Signature:			
Do not write below this line – Staff Use	e			
Reservation date	Camp			
Number of dorms X 1			of Nights=	
	ie by	Receipt #		
Balance of	due	Receipt #		