

Camp Loma Rental Inquiry

Organization: _____ Today's Date: _____

1st Contact: _____ 2nd Contact _____

Address: _____ Address: _____

Phone 1: _____ Phone 1: _____

Phone 2 _____ Phone 2 _____

Email: _____ Email: _____

Other Contact info: _____

Purpose or intended use of the facility:

_____ Est. Number of Youth

Area(s) Requested: _____ Est. Number of Adults

Date & Times Requested *(including set up and clean up time)*

Arrive & Depart Dates	Detail	time in/out
		<input type="checkbox"/> am <input type="checkbox"/> pm
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Notes: _____

When completed, fax this form to: (831) 464-0441

