

## Hashawha- Residential Camp Reservation Form In-County Scout Groups

*Please complete the form below to confirm a stay at Hashawha Environmental Center for a Carroll County Scout Group. The cost is 1 Cabin \$350.00/one night or 1 Cabin \$450.00/2 nights. Meals are not included in this reservation. Questions? Please call 410-386-3560 or email hashawha@carrollcountymd.gov*

**Please select the number of cabins to be rented:**

*Cabins hold a maximum of 36 people*

1 Cabin

2 cabins

3 cabins

4 cabins

5 cabins

**Select the Number of Nights:**

*1/2 of the full amount is due for a deposit*

1 Night (\$350/Cabin)

2 Nights (\$450/Cabin)

**Name of Group:** \_\_\_\_\_

**Group Leader's Name:** \_\_\_\_\_

**Address:**

Street:

.....

Address Line 2:

.....

City, State, Zip:

.....

**Contact Number:** \_\_\_\_\_

*Please list this best number to contact the group leader*

**Secondary Contact Number:** \_\_\_\_\_

*Feel free to list a secondary contact number for the group leader.*

**Group Leader Email:** \_\_\_\_\_

**Check-In Date:** \_\_\_\_\_

**Check-In Time:** \_\_\_\_\_  
*Check-in times are Monday-Thursday, 10AM-3PM  
and Friday-Sunday 3PM-6PM*

**Departure Date:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_  
*On the day of departure, groups should plan to leave  
cabins by 10:30AM and the grounds by 1:30PM.*

**Number of Adults:** \_\_\_\_\_

**Number of Youth:** \_\_\_\_\_

**Number of Children Under Age 4:** \_\_\_\_\_

**Will you clean?**

*Additional cleaning will be reflected in the final invoice. \$25.00/cabin, \$25.00/small meeting room, \$50.00/IQ Building*

Yes

No

**The Group Leader agrees to contact Hashawha Environmental Center with a preliminary guest count 30 days prior to the reservation:**  I Agree

**Cancellation notifications received at least 90 days in advance of a reservation will receive a full refund. Any decrease in group size that results in a reduction in the number of cabins must be made 90 days in advance to be reflected in minimum amount due:**

*example: If a group leader informs Hashawha that they would like to amend a reservation from 3 cabins to 2, Hashawha will honor the per person/minimum charge for 2 cabins as long as 90 days notice is provided. If less than 90 days notice is provided, the group will be responsible for the minimum due for 3 cabins.*

*Please reach out to Hashawha Environmental Center with questions.*

I acknowledge the cancellation/group size reduction policy.

**The Group Leader will ensure that all participants complete the Hashawha Environmental Center Release Form:**  I Agree

*A copy of the Release Form will be emailed to the Group Leader for distribution.*

**The Group Leader agrees to read the Group Leader Handbook (available at [www.hashawha.org](http://www.hashawha.org)) and ensures that the Group will abide by all rules outlined:**  I Agree

The Group Leader understands that specialty activities (such as portable rock climbing walls, dunk booths, or other such "carnival activities") at Hashawha Environmental Center require prior approval. Organizations must obtain a certificate of insurance listing the Carroll County Commissioners as additionally insured at \$1,000,000.00. In addition, the group leader must sign and return the Waiver, Release, and Hold Harmless Agreement before any activities take place. Please call to request:

I Understand

## Indemnification Agreement

In consideration of our admission into Hashawha Environmental Appreciation Center,

**Name of Group:** \_\_\_\_\_

hereby agrees to indemnify and hold harmless the County Commissioners of Carroll County (a body corporate and politic of the State of Maryland) and its agents, officers, employees, and volunteers from any and all claims, causes of action, and suites arising, occurring, or resulting from any person injury or damage to or loss of property of any nature caused by, arising out of, or in any way connected with the exercise of the above Organization. its officers, agents, employees, members, and guests, of the privilege herein granted.

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*Please provide group's tax- exempt number:* \_\_\_\_\_