

Service Contract - Horne Lake Caves & Outdoor Centre

School / Group Name: _____

Contact Person: _____

I confirm my arrival on: (date) _____ Arriving Camp at: (time) _____

Departing School at: (time) _____ Must Depart Camp by: (time) _____

I have checked the Parental Consent & Medical Forms for completion Yes ___ No ___

Please collect ALL Parental Consent Forms to determine your EXACT group size!

Number of participants under 12 years: _____ Number of participants 12 years + older: _____

Number of participating adults / chaperones / teachers: _____

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 3 day "Explorer" | <input type="checkbox"/> 5 day "Explorer" | <input type="checkbox"/> Day-trip only | <input type="checkbox"/> Custom Program |
| <input type="checkbox"/> Sleeping Shelters | <input type="checkbox"/> Group Tenting | <input type="checkbox"/> Caving | <input type="checkbox"/> Rock Rappelling |
| <input type="checkbox"/> Wilderness Skills | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Horne Lake Amazing Race | |
| <input type="checkbox"/> Group Games | <input type="checkbox"/> Team Building Challenge | <input type="checkbox"/> Catered Meals | |

Terms and Conditions

Cancellation Policy – Cancellation 14 days prior to arrival (or less) Island Pacific Adventures Ltd. will require 50% payment based on the value of the contract submitted. If your numbers drop below ratios of 15:1, there may be a surcharge for additional costs incurred.

Cancellation 48hrs or less - 100% payment required.

Catered meals are ordered based on your contract numbers and are non-negotiable.

Participating Adults / Parents - No charge for supervising adults. 1 adult leader per 14 children ratio. Leaders and adults are expected to supervise students during non-instructional time.

Extra Costs - Extra adults wishing to participate in the activities may do so if the space is available and will pay the regular cost of that program. If you are purchasing meals and accommodation, these services must be paid for by **all** participants.

On behalf of the class / group, I _____ agree to contract the specific
Name

services indicated above. I have read and understand that the **TERMS & CONDITIONS** listed above form part of this contract. I further understand that **this contract MUST be received by the Camp Office at least 14 days prior to our arrival** or the expected services may not be available.

Signature: _____ Date: _____

Final Steps

- 1) Fax this sheet to 1-888-446-8044. We will provide confirmation once we receive your contract.
- 2) Keep us informed of any last-minute changes to your numbers! Don't wait until you arrive!