

Crazy's Wasewagan Camp & Retreat Wedding Agreement Form

42121 Seven Oaks Rd, Angelus Oaks CA 92305 ~ 805-498-5572 fax 805-498-5578

Thank you for choosing Wasewagan for your special event. Our staff looks forward to assisting you and making sure you have a very enjoyable and unforgettable experience.

Bride's Name _____ Phone # _____

Groom's Name _____ Phone # _____

Address _____

Email _____

Person responsible for financial obligations _____

Final number of guest & menu must be completed 3 weeks in advance.

Arrival Date _____ Time _____ Departure Date _____ Time _____

Wedding Day _____ Time _____

Please list approximate number of guests & meals. Circle upgraded meals please!

Thursday - Meals B _____ L _____ D _____

Friday - Meals B _____ L _____ D _____

Saturday - Meals B _____ L _____ D _____

Sunday - Meals B _____ L _____

Day or night guests \$36 per person per night, Meals \$10, \$18 & \$23 per person per meal. Consulting fee \$1,000, and optional activities have an extra fee.

To reserve your special event we require a \$2,500 non-refundable deposit with our signed agreement form. Please mail, fax or email.

We also require a credit card to be held for the amount of \$500 for 7 days after the event, and will be not be charged as long as the camp is in the same condition and nothing has been damaged, lost, broken, misplaced, extra services rendered or camp not cleaned.

Cigarette butts must be picked up or there will be a charge.

If you will be creating a web site, please run it by us before posting it.

Camp Wasewagan is not responsible for any lost, stolen, damaged or broken articles.

Wedding insurance is a must for your event to take place. Call for details.

I have read and understand the policies and procedures on form's 1, 2 & 3.

Signature _____ Date _____

Print Name _____

I authorize Camp Wasewagan to charge my credit card/debit (Additional 3% fee applied)

AMEX, VISA/MC, DISC # _____ Amount _____

Name on card _____ Exp date _____ Billing Zip Code _____

Signature for Credit Card _____ Date _____

Deposit check enclosed CK# _____ Amount _____

For Office Use

Date _____

Crazy Craig's after hours #310-702-5572

CCA# _____

No dogs requested, please!

CK# _____

wasewagan.com ~ crazycraig@earthlink.net

Paid _____