

Crazy's Wasewagan Camp & Retreat Wedding Agreement Form

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

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.

Name _____ Phone # _____

Name _____ Phone # _____

Address _____

Email _____

Person Responsible for financial obligations _____

Please List Approximate Number of Guest For Each Day/Night

Thursday _____ Friday _____ Saturday _____ Sunday _____

Arrival Date _____ Time _____ Wedding Date _____

Departure Date _____ Time _____

Final Number Of Guest, Menu & Meal Times Must Be Completed 2 Weeks In Advance.

Pricing - (Minimum 2 Nights & 4 Meals for 125 Guest is Required for Fri. & Sat. Night)

- **Day/Night Guests** \$36 Per Person Per Night
- Meals \$12 Per Person Per Meal (Kids 4 & under free)
- Wedding Dinner \$20/\$25 Per Person (One or Two Entrée Option)
- Service Fee For Wedding Dinner Only 15%
- Consulting Fee \$1,000
- Optional Activities Added /Moving Tables & Benches
- Trailers/RV's \$50 Per Day (no waste disposal available)

To Reserve Your Special Event: We require a \$2,500 non-refundable deposit with our agreement form filled out. Please make checks payable to Camp Wasewagan.

We also require a credit card to be held for the amount of \$500 for 7 days after the event, you 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 minimum fee of \$200.

If you will be creating a website, 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 _____ Billing Zip Code _____

Signature for Credit Card _____ Date _____

For Office Use

Wasewagan.com - Adventures@wasewagan

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

No Dog's Requested, Please!

Date _____

CCA# _____

CK# _____

Paid _____