

CAMP KIWANIS LEASE AGREEMENT

Revised 1/4/17

Kiwanis Club of Ocala, PO Box 784, Silver Springs, FL 34489

www.CampKiwanisOcala.com

Reservations: Dick Donaldson Camp Reservations (352) 433-6701 Email: KiwanisCampOcala@gmail.com
Caretaker: Gerald Casity Camp Office (352) 625-2620 Email: geraldcasity@yahoo.com

_____ Of _____ would like to reserve Camp Kiwanis for the dates of _____ to _____. The lessee and all members of their group agree to comply with all conditions included in this contract (to include the fee schedule, all regulations, and the cleanup checklist).

Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact phone numbers: (_____) _____ (_____) _____
 Contact Email: _____ Expected number in party: _____
 Organization Type: Non-profit 501(c)3 For Profit Firms Educational Religious Private Parties

Provide number of each type of sleeping facility lessee requires:

_____ Dorms (3 max – sleep 40 persons each) at \$75/each per night
 _____ Cabins (4 max – sleep 4 persons/each at \$50/each per night
 _____ People tent or RV camping (lessee provides own tents/RV) at \$4 per person per night

- 1) Complete this form and return with a copy of Lessee's Driver License, payment for Reservation Deposit (\$150) and payment for Security Deposit (see table).**
- 2) Submit proof of lessee insurance (Certificate of Insurance) with this form (see Lease Fee and Usage Policies for more info.). COI must list the Kiwanis Club of Ocala as "additional insured."**
- 3) You will receive a copy back as proof of reservation. The returned copy will also show your balance due.**

Hold Harmless Agreement

The Lessee and all members of their party and/or guests agree to indemnify and hold harmless Kiwanis International and the Kiwanis Club of Ocala, and all of their officers, members, agents, and servants from and against all losses, claims, suits and/or other legal liability and legal expenses of any nature imposed upon or brought against them by reason of any acts or omission, operations or actions of the Lessee or its agents or employees on the leased premises described in the lease agreement.

Applicant Signature: _____ Date: _____

Printed Name: _____

PLEASE DO NOT WRITE BELOW THIS LINE.

Date lease agreement received: _____/_____/_____
 Reservation deposit: \$150.00 _____ (applied toward final lease balance)
 Security deposit: \$ _____ (see table below to determine amount)
 Total amount received: \$ _____ (combined Reservation and Security Deposits)
 Balance due: \$ _____ (must be submitted on or before the first day of lease)

Rental Manager Signature: _____

Security Deposit Table

Group Size	Deposit
1-125 people	\$300
126-250 people	\$400
251-500+ people	\$500

Make checks payable to "Kiwanis Club of Ocala"
Please email a copy of this form to: kiwaniscampocala@gmail.com
Also return this form along with reservation and security deposits to:
 Dick Donaldson, Camp Kiwanis Rental Manager
 P.O. Box 784
 Silver Springs, FL 34489
 (352) 433-6701