

SISCRA GROUP AREA/FACILITY REQUEST FORM

*Name of Group: _____
*Group Representative: _____
*Address: _____
*City: _____ *State: _____ *Zip: _____ *Email: _____
*Telephone number: _____

***Required fields**

**This person will be responsible for all deposits at time of request, and payments for all sites at check-in on day of arrival and will be the person to whom deposits are returned upon check-out. Deposits will be forfeited if reservation is cancelled within 30 days of arrival. Please advise us of any ADA requirements you may have by checking this box and attaching pertinent information to this form.

Group Camping Area Rentals

\$100.00 deposit required. Full rental amount will be collected at check-in, and the deposit will be returned to the group representative upon check-out after inspection by the kitchen manager, less any damages. SISCRA membership rates do not apply to the group area. **(Rental Day starts at 11:00 AM and Check Out time on Departure Date is 1:00 PM.)**

Please mark an "X" in the box for each area and/or facility you are requesting:

Group Area \$250.00/night plus sales tax = \$265.00/night
Campsites 300-312 This area must be reserved as an entire unit and includes the shelter. Kitchen is extra (see below).
Arrival date: _____ Departure date: _____ # persons in group: _____
\$100.00 deposit enclosed Amount due at check-in: \$265.00/night x # _____ nights reserved = \$ _____

Facility Rentals

\$100.00 deposit required for each facility. The deposit and full rental amount will be collected at check-in, and the deposit will be returned to the group representative upon check-out after cleaning/damage/property loss inspection.

Recreation Hall
Members Rate \$50.00 per day plus sales tax = \$53.00/day. Dates requested: _____
Non-Members Rate \$75.00 per day plus tax = \$79.50/day. Dates requested: _____
\$100.00 deposit plus full rental amount due at check-in: \$53.00/day for # _____ days = \$ _____ Approx. # in group: _____

Kitchen
Members Rate \$75.00 per day plus sales tax = \$79.50/day. Dates requested: _____
Non-Members Rate \$100.00 per day plus tax = \$106.00/day. Dates requested: _____
\$100.00 deposit plus full rental amount due at check-in: \$79.50/day for # _____ days = \$ _____ Approx. # in group: _____

Shelter only
Members Rate \$50.00 per day plus sales tax = \$53.00/day. Dates requested: _____
Non-Members Rate \$75.00 per day plus tax = \$79.50/day. Dates Requested: _____
\$100.00 deposit plus full rental amount due at check-in: \$53.00/day for # _____ days = \$ _____ Approx. # in group: _____

Please note: At check-in, the entire rental amount for the sites and/or facilities you have reserved will be collected. Please understand that because we have set aside these areas for you, there will be no adjustments made for unused reserved sites or facilities.

Enclosed is my check for \$ _____ for deposit(s) on the above-requested group and/or day use areas. (Deposits for facilities will be collected at check-in.)

Signed: _____ Date: _____
Group Representative

Please return this form with your requested reservation deposit(s) to:

SISCRA Inc.
P.O Box 625
Donnelly ID 83615
Phone: (208) 325-8130

Off-season address:
P.O Box 362
Meridian ID 83680
Phone: (208) 860-7004