



Insurance Form

For insurance purpose, please list the names of every individual in your group, along with number of nights each guest was present on the grounds (if a guest is only present overnight, under the age of 2, or spent the night at the Potter's House and/or Cottage, please put a "0" in the nights column). Once completed, please send a photo or scan of the document to info@coldstreamchristiancamp.org. Thank you!

Organization/Group Name: _____

Dates of Stay: _____

Contact Person (email & phone number): _____

Organization Address & Phone number: _____

	Guest Name	Total Nights on Premise
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