



CAMP GREILICK Camp Group Checklist



Name of Organization (Camp Group) _____

Contact Person _____ Email _____

Everyone

- ___ Completed and signed *Facilities Use Reservation Request Form and License Agreement for Camp Greilick*
 - ___ Second page initialed and dated by Contact Person
Camp Greilick License Agreement and Terms & Conditions of Use
 - ___ Amount due (preferably by credit card)
 - ___ If not already on file, proof of \$1,000,000 Insurance and naming *Rotary Camps & Services* as an additionally named insured.
 - ___ Copies of individual waivers for campers participating with the group
 - ___ A copy of this completed checklist
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Are you staying for more than four nights?

___ Michigan Internet Criminal History Access Tool (ICHAT) clearance for **all** adult leaders who are a part of your group. If not from Michigan, your state's alternative.

___ Michigan Central Registry Clearance Requests for **all** adult leaders who are a part of your group. If not from Michigan, your state's alternative.