



# Camp Hazen YMCA

## *Confirmation of Details*

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TO: Kath Davies  
FAX: 860 526 9520

FROM:

Group Name: \_\_\_\_\_

Date of Retreat: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Total Student Count: \_\_\_\_\_ x \$..... = \$ \_\_\_\_\_

Chaperone Count: \_\_\_\_\_ x \$..... = \$ \_\_\_\_\_

Please Fax this form to  
Camp Hazen YMCA  
at least a week prior to  
arrival.

*Please inform us of any students with special dietary needs:*