

Camp Echoing Hills Hunter Registration Form

36272 County Road 79 ▪ Warsaw, OH 43844 ▪ 1.800.419.6513 ext 303
www.campechoinghills.org ▪ e-mail: lunger@ehvi.org

Name of contact person _____

Phone # _____ Email _____

Dates needed _____ # of beds _____

Address _____

City, state zip _____

Arrival date & time _____

Departure date & time _____

Hunting cabin rates per person: \$20.00/night – fees must be paid in cash or check before departure. Please make all checks payable to Camp Echoing Hills. A non-refundable deposit of \$25.00 is required to reserve all hunting cabins. *No refund for early departure.* Please mail completed “Camp Echoing Hills Hunter Registration Form” and deposit to:

Camp Echoing Hills ▪ ATTN: Lauren Unger ▪ 36272 County Road 79
Warsaw, OH 43844

RENTAL AGREEMENT: “This agreement between Echoing Hills Village, Inc. and (print name) _____ has been entered into for the purposes of facility rental. As a representative of the rental group, I have read the ‘Deer Hunter Registration Form’ and the ‘Camp Echoing Hills Deer Hunter Guidelines,’ and I understand the rental group’s responsibilities, the cost of rentals and services, and the services to be offered. I also understand my responsibility to communicate all the information herein to participants of the rental group’s event.”

Contact Person’s signature _____ Date _____

Office use only: Approved dates _____ Deposit received _____