

CAMP LONG

***QUOTE**

_____ Date

Customer Information:

Location:

| Contact Person | Program Type | Date(s) |
|----------------|--------------|---------|
| | | |

| Description | Price Per Person | Total Number | Total Price |
|-------------------------------|------------------|---------------------|-------------|
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| | | | |
| | | | |
| Total Price Per Person | \$ | **Total Cost | \$ |

Prepared by: _____

Comments: _____

*Quote valid for 30 days **Insurance added at no additional cost