

Traber Center Application Form

Group Name _____

Address _____

Phone _____ E-mail _____

Person In Charge _____

Address _____

Phone _____ E-mail _____

Group Insurance Carrier _____ Policy Number _____

Dates at Traber Center _____

Starting _____ Time of Arrival _____

Ending _____ Time of Departure _____

Total Number Expected _____ Number of Rooms _____

Purpose _____

Special Needs _____

Traber Center and BCM International and any personnel thereof are hereby released from any and all liability for or by reason of any injury, damage, or loss of any nature whatsoever which may be sustained by any member of the group using the property.

Authorized Signature _____ Date _____

Checks should be made payable to "Traber Center".

Please mail deposit and registration form to:

Traber Center
68 Bertolet School Rd.
Spring City, PA 19475

Questions? Please call (610) 469-6633, email us at info@campskanac.org or visit us online at www.trabercenter.org.