



## GUEST GROUP RENTAL AGREEMENT FOR THE CAMPING YEAR 2009

Please complete all information requested (if applicable) by printing or typing. This document, when signed by representatives of both your guest group and Mountain Lakes Bible Camp represents an official agreement.

### GROUP INFORMATION

Name of Guest Group \_\_\_\_\_ Age and sex of Group \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Departure \_\_\_\_\_ Estimated No. \_\_\_\_\_

Group Coordinator's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address of Organization \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

### FOOD

Food service is provided by Mountain Lakes: First Meal (Circle) Breakfast Lunch Dinner Time \_\_\_\_\_ #of Meals \_\_\_\_\_  
Please give menu option numbers for each of the following: (Menus are in back of Coordinators Handbook.)  
Specify the number from the menu for each meal.

Breakfast: Menu # \_\_\_\_\_ Lunch: Menu # \_\_\_\_\_

Dinner: Menu # \_\_\_\_\_ Brunch: Menu # \_\_\_\_\_

Would you like a CONTINENTAL BREAKFAST? Yes \_\_\_\_\_ No \_\_\_\_\_ How many times? \_\_\_\_\_

### ACKNOWLEDGEMENT OF UNDERSTANDING

Please read and initial each item indicating your understanding and agreement to comply.

YES \_\_\_\_\_ NO \_\_\_\_\_ *If it becomes necessary for your group to cancel, the deposit is automatically forfeited. In addition, if the cancellation is within 90 days of the date of the camp, you are responsible for the minimum use fees. The minimum use fee must be paid for each night unless the camp is able to rent the facilities to another group.*

YES \_\_\_\_\_ NO \_\_\_\_\_ *I will read the Coordinator's Handbook. If I have questions regarding the camp policies, I will contact the camp office. Failure to do so will result in the loss of all or a portion of our deposit.*

YES \_\_\_\_\_ NO \_\_\_\_\_ *Our group will provide a qualified first aid person and I understand that failure to provide this person will result in our being unable to use the camp.*

YES \_\_\_\_\_ NO \_\_\_\_\_ *Our deposit is enclosed \_\_\_\_\_; transferred fro the previous year \_\_\_\_\_*

YES \_\_\_\_\_ NO \_\_\_\_\_ *We will provide the appropriate materials 1 WEEK PRIOR TO ARRIVAL AT CAMP. i.e. liability insurance certificate, menus/total number, lifeguard certification, medical staff certification, schedule, etc.*

If NO is initialed, please explain on the back.

Guest Group Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

Brad Reed, Camp Director: \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in Mountain Lakes Bible Camp. We are here to SERVE YOU!**

#### FOR OFFICE USE ONLY

Deposit Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation Letter Sent \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Balance Received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_

Evaluation Received \_\_\_\_\_ Thank you sent: \_\_\_\_\_