



GUEST GROUP RENTAL AGREEMENT FOR THE CAMPING YEAR 2010

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:** _____