



**APPLICATION FOR RESERVATION**

Date of Application: \_\_\_\_\_

**\*Please complete this contract, initial and sign it, and mail it in with your Phase I payment to reserve the dates below for your retreat. Thank You!\***

**Dates Requested:** \_\_\_\_\_

**Arriving Hour:** 7:00 pm Friday **Departing Hour:** 2:00 pm Sunday

**First Meal:** Saturday Breakfast **Last Meal:** Sunday Lunch

**Estimated number of attendees:** \_\_\_\_ **Cost/person:** \_\_\_\_ \*(see breakdown below)

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**Includes 2 nights dorm accommodations, 5 meals and 1 snack: Base Rate = \$95.00**

**10% Discount on Housing:** \_\_\_\_\_ **New Group (not rented in past year)**  
(All available discounts will be applied to the bill at time of the last Phase payment) \_\_\_\_\_ **Midweek**  
\_\_\_\_\_ **30 Day Re-registration (deposit received by \_\_\_\_\_ )**

**\*Cost/person after discounts = \$95.00**

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**Church/Organization & Group Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Retreat Coordinator:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Best address for correspondence (if different from above):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

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Name of liability insurance carrier of church \_\_\_\_\_

Please arrange for your insurance agent to **send a certificate of insurance to our office naming Camp Berea as an additional insured for your retreat.**

\*\*\* We must have this document a week before your arrival date.\*\*\*

**Phase I** Amount of Deposit:

**A deposit of \$10.00 per person is required.** The deposit is neither refundable nor transferable to any other weekend. We recommend that you estimate attendance conservatively, since advance payments for non-attendees will not be applied to the final bill. Numbers can be increased at any time, as long as additional space is available.

**Phase II**

**90 days prior to the scheduled conference date an additional \$40.00 per person is due.** This payment will be applied to the final bill in the amount of \$40.00 per person in attendance. Numbers can be increased at this time only if additional space is available.

**Phase III**

Before 3 p.m. on Sunday Prior to arrival at Camp Berea, all groups must confirm the final number of participants. Numbers can be increased at this time only if space and food are available. The remaining portion of your bill will be due at the time of your retreat. Your bill will be based on the number of those in actual attendance, **however, if actual attendance falls more than 10% below the “final” number, your group still has full financial obligations for at least 90% of that “final” number.**

**Basic Policies**

- ◆ **We understand** that Berea reserves the right to book other groups simultaneously and that due to this additional space beyond paid reserved numbers may not be available.
- ◆ **We understand** that we may reserve the entire facility for **exclusive use for a minimum contract of 225 attendees**, regardless of actual group size. We agree to inform the Berea Office of this request and fill in the deposit line for 225 with the understanding that all payments will be calculated based on a minimum of 225 attendees. We understand that if the group size is over 225, the actual numbers will be used to calculate payments.

\_\_\_\_ I wish to reserve the facility for exclusive use and will be sending a Phase I deposit of \$2250.00 (*please initial*).

- ◆ **We agree** to submit all payments on time according to the schedule detailed above.
- ◆ **We understand that all deposits** are neither refundable nor transferable to any other weekend.
- ◆ **No later than 3:00 on the Sunday preceding the activity, we agree** to inform Berea of the final count expected to attend. We understand that a \$10.00 late charge is assessed if this due date is not met.
- ◆ **We agree** to respect the beliefs of Berea and not to do anything in word or act that will in any way detract from the testimony of this ministry. (*Camp Berea reserves the right to refuse space to any organization or individual and to ask any such person(s) to leave the conference as it deems necessary.*)
- ◆ **We agree** to abide by the guidelines described and those posted on the grounds. **The group leadership accepts the responsibility** for communication and enforcement of these guidelines with regards to the retreat participants.
- ◆ **We agree** to have at least one adult supervisor for every ten school age participants.
- ◆ **We agree** to submit a retreat schedule no later than ten days before the activity, and we understand that if this is not submitted Camp Berea may not be able to accommodate all of our schedule needs.
- ◆ **We agree** to have a written list of the names and addresses of all participants in our group. We will also have a listing of any persons with known allergies or health conditions requiring treatment, restriction, or other accommodation while at Camp Berea. We understand that if we have minors without a parent at camp it is important to have signed permission to seek emergency treatment or a signed religious waiver. We will have names and numbers of people to contact at home in case of an emergency.
- ◆ **We agree** to assume responsibility for damages to facilities and equipment and understand that we will be charged accordingly. We also agree to pay a cleaning fee for all cabins we leave unclean.

\_\_\_\_ (*please initial*) **I have read and understand all of the above statements**

\_\_\_\_ (*please initial*) **I have read the “Guest Group Guidelines” and the “User Group Safety Guide” and understand that I am responsible to follow the requirements they set forth**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_