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| **Stretched logo.png** | **MONROE CAMP AND RETREAT CENTER****RESERVATION REQUEST FORM****24501 Camp Road, Laurel Hill, NC 28351** **(910) 276-1654 Fax (910) 276-0422 www.monroecamp.org** |

The Reservation Request Form is designed to collect basic information from groups wishing to use Monroe Camp and Retreat Center facilities. Please read the attached camp use policies before completing this form. Direct questions to the Camp office at (910) 276-1654.

Date(s) Requested (mm/dd/yyyy): Arrival Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_ Departure Date \_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

Group Name:

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email:

Contact Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Bill To:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event/Activities Planned: \_\_\_

Number attending Event: Males \_\_\_\_\_\_\_\_\_\_\_\_ Females \_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Use of Swimming Pool and/or Lake**: Persons using the camp facilities are invited to use the swimming pool (when in season) and the lake for canoeing. Please refer to the lifeguard policy before answering the following question.

**Check one of the Following**: \_\_\_\_ We will use Camp Supplied Lifeguards \_\_\_\_ We will Supply our own Lifeguards.

**(1 lifeguard required per 20 people for pool, 1 lifeguard per 25 people for canoes)**

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#  **TOTAL FOR ALL SERVICES (From Page 2) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Less Deposit (50% of above TOTAL but not less than $50) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Balance Due ten (15) business days before event $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, the applicant signifies that the group requesting use of camp facilities and services agrees to abide by all camp policies pertaining to MCRC. Reservation requests will be considered upon receipt of this completed and signed form, a deposit check in the amount shown above and the submission of all other required documentation (ex. “Food Selection Form(s)). Once this reservation is confirmed, I understand that my group is subject to all of the MCRC’s cancellation/refund policies.

Reduction in numbers may be adjusted until 14 days prior to event. Addition to numbers will be allowed based on availability until day of the event.

**CANCELLATION POLICY:** Cancellations of more than 60 days before first day of use shall recover full fees minus a $50 processing fee. Cancellations made 30-59 days prior shall lose 25% of the total fee or $50 whichever is greater. Cancellations made up to 15 days prior to scheduled use shall owe 50% of the group’s reservation cost on file on date of cancellation. Cancellations made within 14 days of the event shall owe and pay full cost.

Group Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return completed Forms & Payment to: Registrar at Monroe Camp & Retreat Center, 24501 Camp Road, Laurel Hill, NC 28351