

****THIS DOCUMENT IS A SAMPLE FOR YOUR REVIEW – OFFICIAL COPY WILL BE SENT AFTER YOUR GROUP HAS SCHEDULED YOUR EVENT WITH OUR OFFICE****

Camp Bethany

P O Box 250

Bethany, LA 71007

Ph: 318.938.1221 * Fax: 318.938.1220

campbethany@aol.com www.campbethany.com

r e n t a l a g r e e m e n t

This is an agreement between Camp Bethany and the following organization for the use of the facilities at Camp Bethany.

Organization Name: _____ Phone: _____

Mailing Address: _____
(Street) (City/State/Zip)

Contact Person: _____ Title: _____

Mailing Address: _____
(Street) (City/State/Zip)

Home Phone: _____ Cell: _____ Other: _____

e-mail address: _____

PLEASE PRINT CLEARLY

Liability Insurance Carrier: _____

Policy Number: _____

Effective Dates of Coverage: _____

Nature of Meeting/Retreat: _____

Arrival Time: _____ am / pm on _____, 20____

Depart Time: _____ am / pm on _____, 20____

Estimated number of people attending event: _____

FIRST MEAL: _____ DATE & TIME LAST MEAL: _____ DATE & TIME

a) # of Overnights for Meals: BF _____ Lunch _____ Supper _____

b) # of Day Use Only for Meals: BF _____ Lunch _____ Supper _____

Note: Camp Bethany will provide meals & kitchen personnel for all events, providing your group meets the minimum requirement of 20 diners.

CONFERENCE NEEDS

___ Small Conference Room (below 30)

___ Medium Conference Room (30 - 55)

___ Large Conference Room (over 55)

___ NO Conference Room Needed

OTHER/OPTIONAL

___ Bonfire Day/Time _____

___ Hayride Day/Time _____

___ Swimming Day/Time _____

___ Kelley Lodge

Equipment Needs: _____

Recreational Needs: _____

****THIS DOCUMENT IS A SAMPLE FOR YOUR REVIEW – OFFICIAL COPY WILL BE SENT AFTER YOUR GROUP HAS SCHEDULED YOUR EVENT WITH OUR OFFICE****

The Renting Organization agrees to pay the following:

A Deposit of 10% of the estimated total cost based on the number of campers and activities is required to reserve your date. All deposits will be applied to the total cost for your event. If your group should have to cancel your event within 30 days of the date reserved, the deposit will be forfeited.

CALCULATE YOUR DEPOSIT (Refer to current Cost Schedule for rates)

# of Overnight Campers - CABINS	_____	@	\$ _____	=	\$ _____
# of Overnight Campers - LODGE	_____	@	\$ _____	=	\$ _____
Meals (BF, Lunch, Supper)	_____	@	\$ _____	=	\$ _____
Conference Space	_____	@	\$ _____	=	\$ _____
*Activity Fee (Day Use Only)	_____	@	\$ 2.00	=	\$ _____
Other (Bonfire/Hayride/etc)	_____	@	\$ _____	=	\$ _____
Estimated Total Cost					\$ _____

Deposit (10% of Total Cost) of \$ _____, to be enclosed & returned with Rental Agreement.

All expenses are due on the final day of use, after inspection and conference between Camp Manager and group leader. Any damage to the facilities or grounds will be billed to the organization at replacement cost as set by the Camp Manager. **A \$ 50.00 cleanup fee** will be billed to the group if, at the discretion of the Camp Manager, the grounds are not left in good order. **SMOKING IS NOT PERMITTED IN BUILDINGS.**

The Renting Organization agrees to pay for the number of people as agreed upon in advance. Person in charge should notify our office, no later than Monday prior to the event, with a final guest count (food is ordered Tuesday morning). The final guest count given to our office on Monday will be the number charged for the first meal. Any guests that exceed this number will be charged for at the same rate.

Please note: Requested dates are tentative until your completed Rental Agreement and deposit is received.

Signature x _____ Date _____

***Activity Fee is required for all guests who are using our facilities, but not staying overnight.**