TRI-STATE CHRISTIAN FELLOWSHIP	INC.: Registration and Use Regula	tions; Non-Member 01-01-2016
Contact Person	Church or Group	
Address	City/State	
Phone	email	
Number of women in group Numb	er of Men	Total
Arrival Date/Time F	Final Meal Final Meal	Date
<b>Per Person Cost</b> : 16 Bunk Dorms @ \$15 least two staff members per dorn	5.00 per camper per day (minimur n. Pool will be provided for 3 hour	-
-	X \$15.00 =X days eds 96, 7 motel rooms (2 per room)	
Assembly/Dining Hall \$200/24 hrs if re	ented separately	\$
\$100/24 hrs with minimal rental of dorn	ns:	\$
Motel Room (1-7) \$25.00 per night. For	1st person and \$5.00 per night for	each additional person.
\$25.00 X (rooms) = X da	ys =	\$
\$5.00 X = X days=		\$
Kitchen use \$50.00 per day (no supplies	)	\$
Picnic area and grounds \$75.00 per da	y if rented separately	\$
Pool \$25 per hour or \$100 per day if ren	ted separately (Seasonal – No Life	guard Provided)\$
RV Sites \$15.00 per night (by special arr	angement)	\$
Predicted Camp Costs (Toilet tissue an	d paper towels furnished in all roo	ms.
Based on your guaranteed minimum use a non-refundable deposit of 20%	requirements your predicted cam is required to guarantee this cont	-

The damage deposit is due upon arrival. The damage deposit is \$250.00 (to be refunded within 15 working days after your last day at camp.) If damage should exceed \$250, your group will be expected to pay damages before leaving the camp.

Total costs are based on posted shut-down and cleaning procedures being followed. If group does not comply, the cost of the work will be deducted from the Damage Deposit.

## **CAMP RESERVATION POLICY**

- Excess Reservations: Contact the Camp office at least seven (7) days in advance before bringing more persons than your guaranteed number.
- Payment of Bill: Unless special arrangements are made before arrival, ALL ACCOUNTS WILL BE PAID IN FULL before the group leaves camp.
- Cancellation: Less than 30 days notice of cancellation will obligate your group to lodging charges for the guaranteed minimum number. Liability: Our Camp carries Liability Coverage and expects Guest groups to have insurance coverage for their activities while at our facility. Most churches have policies that cover such activities. Our Insurance Carrier requires that we obtain the Guest group's Insurance Company name and your policy number.

Ins. Co	Policy # _	Policy #		
Sign, Authorized Agent	Date	Secretary	Date	

Return signed contract along with deposit to:

Tri-State Christian Camp 100 Christian Camp Road DeFuniak Springs, FL 32433

850-892-7127 – Office 850-830-0612 – Cell

website: tristatecamp.org