

Environmental Education Rental Agreement

Horton Haven Christian Camp

P.O. Box 276

Chapel Hill, TN 37034

Phone: 931-364-7656

Fax: 931-364-3039 Date ___/___/___

On behalf of _____, I would like to reserve Horton Haven for the following dates: ___/___-___/20___. We will have approximately _____ people and I will confirm the exact number no later than 5 days prior to our retreat. I understand that we must have or pay for at least 25 % of the total number of students attending. In the event that medical attention is needed, coverage will be as follows: the child’s primary insurance is first, then the schools, then Horton Haven’s. Meals must be requested in advance at \$5 each. Lunch is served promptly at noon. All meals are served in the camp dining hall, and prepared and served by the Horton Haven Staff. Hayrides, campfires, canoeing, gym time are available at extra charge and the indoor climbing wall is available for \$5 per climb (minimum 20 climbs). These activities MUST be arranged in advance. Our sound system in the Greystone Chapel is available for use at \$15 per session. Only HHCC staff is permitted to use this equipment unless prior permission and instruction has been given.

Seasonal: Our outdoor swimming pool may be used for an additional fee of \$75 per group for 2 hours and each additional hour is \$25. There is NO smoking, alcohol, or fireworks/arms on the campgrounds. Enclosed is our deposit of 25%, and our sales tax exemption form, to confirm this reservation. We understand this deposit will be cashed, but will be returned to us BY MAIL AFTER THE RETREAT if we are not rebooking for the following year, provided there has been no damage done by any of our group. I understand that any damages incurred by our group will be deducted from our deposit and any remaining charges will be applied to our school. I understand that if it becomes necessary for us to cancel within 60 days of our reservations, we forfeit our deposit unless Horton Haven is able to schedule another retreat in our place. If we cancel within 30 days of our retreat, we forfeit our deposit regardless.

I also understand that full payment (the remaining 75%) is expected UPON OUR ARRIVAL.

I have read and agree with the Code of Conduct in its entirety and is signed and included with this agreement.

Person in Charge _____

School Address _____ City _____ State _____

Zip _____

Phone: () _____ - _____ (office) Fax: () _____ - _____

Additional contact #'s: () _____ - _____

Email: _____

Signature _____

Approved By:

Camp Use

Rental Worksheet

Horton Haven Christian Camp

P.O. Box 276

Chapel Hill, TN 37034

Phone: 931-364-7656

Fax: 931-364-3039 Date ___/___/___

Name of Group: _____

Date & Time of arrival: ___/___/___, ___:___ a.m./p.m.

Date & Time of departure: ___/___/___, ___:___ a.m./p.m.

Please check group type:

Public School___ Home School___ Private School___ Educators___

Estimated number of people: Students:___ Teachers/Adults:___

A more precise number MUST be provided at least 5 days prior to arrival.

Meal Times: Lunch 12:00pm Meals
Requested: (please check)

Date: _____

Breakfast

Lunch

Dinner

Any activities checked below must be confirmed no later than 30 days prior to your retreat.

Activities Requested

Campfire _____

Hayride _____

Canoeing _____

Swimming Pool _____ Challenge

Courses _____

Sports Field _____

Gym _____

Climbing Wall _____

Classes

1. _____

2. _____

3. _____

Approved By:

Camp Use

Equipment set up Day Time

TV / VCR / DVD _____

Sound System _____

White Board _____

Indoor Volleyball _____

High Adventure Area

Zip Line _____

Outdoor Wall _____