

Campground Rental Agreement

Horton Haven Christian Camp
P.O. Box 276
Chapel Hill, TN 37034
Phone: 931-364-7656
Fax: 931-364-3039

Camp Use _____
Approved By: _____

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 30 people. We will pay \$55 per person for camp use and 3 meals and \$10 a night per person for cabin accommodations. Additional meals may be requested in advance at \$7 each, \$3.50 for children ages 4 to 8, and children under 3 are free. The only meal offered on Sunday is a continental breakfast and it is \$5 a person. Breakfast is served at 8:00am, Lunch at 12:00pm, and Dinner at 6:00pm. All meals are served in the camp dining hall, and prepared and served by the Horton Haven Staff. Hayrides, campfires, canoeing, two hours of gym time are available at no extra cost, rappelling is available for \$7 per person with a minimum charge of \$140, the indoor climbing wall is \$5 per climb (minimum 20 climbs), and the Challenge Course (for team building) is \$10 per person. 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.

Campers are expected to provide their own bedding (for single bunks). There is NO smoking, alcohol, or fireworks/arms on the campgrounds.

Enclosed is our security deposit of \$500, 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. This DEPOSIT IS NOT TO BE SUBTRACTED FROM THE AMOUNT DUE. I understand that if it becomes necessary for us to cancel within 90 days of our reservations, we forfeit our deposit unless Horton Haven is able to schedule another retreat in our place. If we cancel within 60 days of our retreat, we forfeit our deposit regardless.

I also understand that full payment is expected UPON OUR ARRIVAL.

I have read and agree with the doctrinal statement in its entirety.

Person in Charge _____

Church Address _____ City _____ State _____ Zip _____

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

Additional contact #'s: () _____-_____

Email: _____

Signature _____

Rental Worksheet

Horton Haven Christian Camp
 P.O. Box 276
 Chapel Hill, TN 37034
 Phone: 931-364-7656
 Fax: 931-364-3039

Camp Use _____
Approved By: _____

Date ___/___/___

Name of Group: _____

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

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

Please check group type: Men Women Teens
 Children Couples Young Adults

Estimated number of people: Male:_____Female:_____

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

Meal Times: Breakfast 8:00am, Lunch 12:00pm, Dinner 6:00pm

Meals Requested: (please check)

Date:_____

Breakfast Lunch Dinner

Date:_____

Breakfast Lunch Dinner

Date:_____

Breakfast Lunch Dinner

Date:_____

Breakfast Lunch Dinner

Equipment set up	Day	Time
TV / VCR / DVD	_____	_____
Sound System (\$15 per session)	_____	_____
White Board	_____	_____
Indoor Volleyball	_____	_____

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

Activities Requested	Day	Time	High Adventure Area	Day	Time
Campfire	_____	_____	Zip Line (\$10 pp)	_____	_____
Hayride	_____	_____	Outdoor Wall (\$5 pp)	_____	_____
Canoeing	_____	_____	Leap of Faith (\$15 pp)	_____	_____
Rappelling	_____	_____	Swing by Choice (\$15 pp)	_____	_____
Swimming Pool	_____	_____	Flying Squirrel (\$15 pp)	_____	_____
Challenge Courses	_____	_____	Jacob's Ladder (\$15 pp)	_____	_____
Sports Field	_____	_____	Vertical Playpen (\$5 pp)	_____	_____
Gym	_____	_____			
Climbing Wall	_____	_____			

Additional Set up Requests	Day	Time
_____	_____	_____
_____	_____	_____

A copy of your retreat schedule would be appreciated, but not required. Return this worksheet with your completed Rental Agreement Form to Horton Haven with your tax exemption form and security deposit to confirm your reservation.