



# RIVERSEDGE

## CAMP & RETREAT CENTER

### 2018 Overnight Group Reservation Request Form

In order for us to accommodate your group, you will need to complete this form and return it to our office ASAP.  
*After we receive this request form, it will serve as the contract for this event. Thank you.*

**Group Name** \_\_\_\_\_ **Contact Person** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Arrival Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Normal check in time is after 4:00PM and check out time is by 1:00PM.**  
*Let us know if you would like an extension and we will try to accommodate.*

#### MEAL OPTIONS:

\_\_\_\_ We will be bringing or preparing our own food. **(\$50 per day kitchen usage fee) \*For groups under 25.**  
\_\_\_\_ We would like to have our event catered by the campground food service team.  
List first meal to be served: Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Time: \_\_\_\_\_  
List Last meal to be served: Date: \_\_\_\_\_ Meal: \_\_\_\_\_ Time: \_\_\_\_\_  
**Take the number of guests and multiply it by the number of meals to be served: \_\_\_\_\_ X \$7.00 = \$ \_\_\_\_\_**

#### LODGING/FACILITIES USAGE:

##### LODGING

Robinson Cabin (sleeps 56) \_\_\_\_ One Side Only @ \$275 per night \_\_\_\_ Both Sides @ \$500 per night  
Large Cabins (4 that each sleep 24) \_\_\_\_ One @ \$175 per night \_\_\_\_ More than one @ \$150 per night each  
Rustic Cabins (5 that each sleep 20) \_\_\_\_ One @ \$100 per night \_\_\_\_ More than one @ \$75 per night each  
Upper Lodge/Lakeside Lodge (sleeps 12/14, total 26) \_\_\_\_ \$100 per night each \_\_\_\_ Both @ \$150 per night  
**Take your lodging total and multiply it by the number of nights your group is staying: \$ \_\_\_\_\_**

##### FACILITIES

Pavilion \_\_\_\_ \$25 per day if staying overnight \_\_\_\_ \$50 per day if not staying overnight  
Lower Lodge \_\_\_\_ \$50 per day if staying overnight \_\_\_\_ \$100 per day if not staying overnight  
Upper Lodge \_\_\_\_ \$100 per day if staying overnight \_\_\_\_ \$200 per day if not staying overnight  
**Take your facilities total and multiply by the number of days your group will be using them: \$ \_\_\_\_\_**

##### OUTDOOR FACILITIES

Lake (paddleboats/kayaks) \_\_\_\_ \$25 per day if staying overnight \_\_\_\_ \$50 per day if not staying overnight  
Pool (with lifeguard) \_\_\_\_ \$75 per day if staying overnight \_\_\_\_ \$200 per day if not staying overnight  
**(this is for a 2 hour period, additional times are \$50/per 2 hours)**  
Courts/Fields \_\_\_\_ \$25 per day if staying overnight \_\_\_\_ \$50 per day if not staying overnight  
**Take outdoor facilities total and multiply by the number of days your group will be using them: \$ \_\_\_\_\_**

**ESTIMATED GRAND TOTAL (add all meal, lodging, and facilities fees together): \$ \_\_\_\_\_**

**Weekend Rental Deposit of \$100: \$ \_\_\_\_\_**

**Subtract the Deposit from the Grand Total for the Balance Due: \$ \_\_\_\_\_**

**Rental dates are secured upon receipt of this signed agreement along with the \$100 deposit.**

**If you need to arrive prior to your group please list:**

Number of people arriving early: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of your group's liability insurance is required to be submitted prior to the start date of the rental period. If a copy is not provided, your group will forfeit their use of the River's Edge Camp & Retreat Center and this agreement becomes null and void.**

**Please initial that you have read this statement and agree to it's terms. \_\_\_\_\_**

**Complete and Return this form ASAP To: RIVERS EDGE CAMP & RETREAT CENTER**  
**Attn: Tina Cramer, 2429 Moore Saur Road | Morrow, OH 45152 or email: tina@ohiocog.com**  
**Make Checks Payable To: CHURCH OF GOD IN OHIO**