



RIVERSEDGE

CAMP & RETREAT CENTER

2018 Overnight Group Reservation Request Form—COG Groups

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 \$6.50 = \$ _____

LODGING/FACILITIES USAGE:

LODGING

Robinson Cabin (sleeps 56) ____ One Side Only @ \$225 per night ____ Both Sides @ \$400 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 11/14, total 25) ____ \$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 ____ FREE per day if staying overnight ____ FREE per day if not staying overnight

Lower Lodge ____ FREE per day if staying overnight ____ \$50 per day if not staying overnight

Upper Lodge ____ \$50 per day if staying overnight ____ \$100 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) ____ FREE per day if staying overnight ____ \$25 per day if not staying overnight

Pool (with lifeguard) ____ \$50 per day if staying overnight ____ \$150 per day if not staying overnight

(this is for a 2 hour period, additional times are \$50/per 2 hours)

Courts/Fields ____ FREE per day if staying overnight ____ \$25 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