



CONNECTION POINT

Campground & Retreat Center

A Camping Ministry of the Church of God in Ohio

2024 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 need an extension and we will try to accommodate.

MEAL OPTIONS:

____ We will be bringing or preparing our own food. (**\$60 per day kitchen usage fee**) *For groups of 25 and under.

____ 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 \$7.50 = \$ _____

LODGING:

Robinson Cabin (sleeps 28 per side) ____ One Side Only @ \$180 per night ____ Both @ \$360 per night

Large Cabins (4/sleep 24 each) ____ One @ \$120 per night ____ More than one @ \$100 per night

Rustic Cabins (5/sleep 14-18 each) ____ One @ \$90 per night ____ More than one @ \$80 per night

Upper Lodge (sleeps 12) ____ \$120 per night Lakeside Lodge (sleeps 16) ____ \$120 per night

Take your lodging total and multiply it by the number of nights your group is staying: \$ _____

FACILITIES:

Connection Center ____ \$100 per day Lower Lodge ____ FREE per day Upper Lodge ____ \$60 per day

Take your facilities total and multiply by the number of days your group will be using them: \$ _____

OUTDOOR FACILITIES:

Lake (canoes/kayaks) ____ FREE per day Courts/Fields ____ FREE per day

Pool (with lifeguard) ____ \$120 per day (this is for a 4 hour period, additional times are \$120/per 4 hours)

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 \$200: \$ _____

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

Rental dates are secured upon receipt of this signed agreement along with the \$200 deposit.

If you need to arrive prior to your group's rental start date/time please list:

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 Connection Point 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 along with your deposit ASAP To:

Church of God in Ohio

Attn: Tina Cramer

2720 Airport Dr., Suite 130| Columbus, OH 43219

or email: tina@ohiocog.com

Make Checks Payable To: CHURCH OF GOD IN OHIO

Notes/Special Requests:

OFFICE USE ONLY:

_____ Signed Rental Agreement Received

_____ Dates Secured on Rental Calendar

_____ Deposit Received

\$ _____ Check #: _____

Connection Point Camp & Retreat Center is a camping ministry of the Church of God in Ohio.