



GRAND OAKS BAPTIST ASSEMBLY

9463 STATE HWY 190 CHILLICOTHE MO 64601 * 660 646-1906 * grandoaks@grandoakscamp.org

GROUP RESERVATION AGREEMENT

Please read through the policies sheet(s) provided and check over this agreement form. Complete and make changes as needed. Sign and return it in the envelope provided along with a \$_____ deposit to hold your reservation.

Churches: We also need your insurance carrier to email or snail mail a copy of a "Certificate of Liability" to Grand Oaks. Thank you.

NAME OF GROUP OR SPONSOR _____
TYPE OF GROUP/EVENT _____
PERSON IN CHARGE _____ PHONE Cell _____ Alt. _____
ADDRESS _____
E-MAIL ADDRESS _____
DATE OF ARRIVAL _____ TIME _____ DATE OF DEPARTURE _____ TIME _____
EXPECTED # IN GROUP ADULTS ____ M ____ F YOUTH ____ M ____ F TOTAL _____

CONFERENCE/MEETING SPACE REQUESTED (# DENOTES CAPACITY)

- ____ RETREAT CENTER MULTI USE ROOM (50)
- ____ CHAPEL (220)
- ____ DINING HALL (220)
- ____ PARKER HALL
- ____ OLD LODGE

LODGING SPACE REQUESTED (# DENOTES CAPACITY)

- ____ RETREAT CENTER (4 Rooms: 12, 12, 14, 14)
- ____ STAFF CABINS 1 thru 4 (4 Rooms: 6, 5, 6, 6)
- ____ STAFF CABINS 5 thru 10 (6 Rooms: 3, 3, 3, 3, 7, 7)
- ____ NURSE CABIN (2 Rooms: 3, 4 with shared bath)
- ____ RIVERVIEW CABINS (3 Cabins: 26 Each)
- ____ PIERCE HALL (2 Rooms: 22 Lower, 24 Upper)
- ____ HILLTOP CABINS (6 Cabins: 14 Each)

RECREATIONAL VEHICLE SPACES

- ____ LODGE CIRCLE (2) (water & electric, parking on grass)
- ____ DINING HALL AREA (2) (water & electric)
- ____ POOL AREA (2) (full hookups)
- ____ HILLTOP (2+) (water & electric)

RECREATION/ACTIVITIES REQUESTED

- ____ SWIMMING POOL: DATE _____ TIME _____ (one 2 hour swim with lifeguard(s) provided by camp)
- ____ PADDLEBOATS: DATE _____ TIME _____ (lifeguard provided by camp)
- ____ MINIATURE GOLF: DATE _____ APPROXIMATE TIME _____
- ____ BASKETBALL/VOLLEYBALL COURT
- ____ SAND VOLLEYBALL COURT
- ____ SOFTBALL
- ____ FRISBEE GOLF
- ____ TUG OF WAR
- ____ CAMPFIRE
- ____ OTHER _____

FOOD SERVICE REQUESTED

- ____ WE WILL BE PROVIDING OUR OWN USING THE OLD LODGE KITCHEN
- ____ WE WILL BE PROVIDING OUR OWN USING THE RETREAT CENTER KITCHEN
- ____ WE WILL HAVE CARRY IN OR CATERED SERVICE IN THE DINING HALL
- ____ WE WILL CARRY IN AND PREPARE OUR OWN USING THE DINING HALL KITCHEN
- ____ WE WILL BE USING THE DINING HALL KITCHEN WITH GRAND OAKS MENUS

FIRST MEAL: DATE _____ B L S (Select one) LAST MEAL: DATE _____ B L S (Select one)

OTHER REQUESTS (special diet, snacks, coffee bar, etc. _____)

Grand Oaks Baptist Assembly, Inc. holds each guest group leader and organization renting the facilities responsible for the conduct and activities of their group members and expects them to follow the policies outlined in the "General Policies" sheet provided. The Grand Oaks Baptist Assembly's statement of faith adheres to the 2000 Baptist Faith and Message. Organizations and/or individuals wishing to use Grand Oaks facilities must comply with this statement of faith.

"I have read and agree to follow the Fee information and policies outlined in the enclosed papers, including the refund policy."

(signature of person sponsoring the event) (date)

(signature of camp representative) (date)