

Retreat Contract



P.O. Box 707 Minden, La 71058

Name of Organization: _____

Date of Arrival: ___/___/___ Time of Arrival: _____ Date of Departure: ___/___/___ Time of Departure: _____

Name of Person or Persons in Charge: (1) _____

(2) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

YOUR RESERVATION WILL BE CONFIRMED WHEN:

(1) ALL PAGES OF THIS CONTRACT ARE COMPLETED, RETURNED, AND PAGE 7 IS SIGNED;

(2) THE DEPOSIT HAS BEEN RECEIVED BY THE CAMP OFFICE, AND

(3) THE CONTRACT HAS BEEN SIGNED BY THE CAMP DIRECTOR. AT THAT POINT WE WILL SEND YOU A CONFIRMATION.

Facility
*****Please check the box for facilities requested*****
OVERNIGHT ACCOMODATIONS

Facility Name -----

<input type="checkbox"/>		Capacity	Rental Fee	Deposit
<input type="checkbox"/>	Cabins side A (Cabins 1-7) *Number of cabins needed: _____	10 each	\$ 90 Per night	\$ 90 x Number of cabins
<input type="checkbox"/>	Cabins side B (Cabins 9-13,16,17) *Number of cabins needed: _____	10 each	\$ 90Per night	\$ 90 x Number of cabins
<input type="checkbox"/>	Cabins 8 Handicapped	10	\$ 90Per night	\$ 90 x Number of cabins
<input type="checkbox"/>	Cabins 15 Handicapped	10	\$ 90Per night	\$ 90 x Number of cabins
<input type="checkbox"/>	The Entire Camp * Includes cabins and meeting halls	100-150	\$ 1500.00 Per night	\$ 1500.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

ONE-DAY ACCOMODATIONS / MEETING ROOMS (No overnight)

Facility Name -----

<input type="checkbox"/>		Capacity	Rental Fee	Deposit
<input type="checkbox"/>	Recreation Hall Days requested: _____	100-300	\$ 300.00Per group/Per day	\$ 300.00
<input type="checkbox"/>	Dining Hall for Meeting or Programming Days requested: _____	100-150	\$ 300.00 Per group Per day	\$ 300.00
<input type="checkbox"/>	Entire Camp: Note: some restriction will apply		\$ 600.00 Per group Per day	\$ 600.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

FOOD SERVICE

Food	Cost	Check days requested	Serving Time
<input type="checkbox"/> Continental Breakfast	\$ 4.75 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Served at 8 a.m. in any of the meeting rooms
<input type="checkbox"/> Breakfast	\$ 6.00 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Served at 8 a.m.
<input type="checkbox"/> Sack Lunch	\$ 4.00 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Served at 12 noon
<input type="checkbox"/> Lunch	\$ 7.00 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Served at 12 noon
<input type="checkbox"/> Dinner	\$ 8.00 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Served at 5 p.m.
<input type="checkbox"/> Chip Snack (Includes pretzels, chips, dip & punch)	\$ 2.50 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____ Served no later than 10 p.m.
<input type="checkbox"/> Pizza Snack (Includes two pieces of pizza & punch)	\$ 4.00 Per person	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____ Served no later than 10 p.m.
<input type="checkbox"/> Coffee Bar	\$ 10.00	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____ Served in any of the meeting rooms, or access to drink room.
<input type="checkbox"/> Smore Snack Includes the makings for one snack per individual per 50 people.	\$ 20.00	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/> NO FOOD SERVICE REQUESTED			

- 1) Anyone using the Dining Hall as a meeting room must be aware that meetings held in the lodge must be adjourned 30 minutes before a scheduled meal (8a.m., noon, or 5 p.m.) to allow for setup.
- 2) Retreat groups are responsible for cleanup and clearing of their tables at the end of each meal .

AUDIO/VISUAL EQUIPMENT RENTAL

This equipment is available at no cost, but must be requested prior to the event. Please mark which, if any equipment you need to reserve. Equipment available on a first-come first-served basis. Please check you selection.

Equipment	Day:	Time:
<input type="checkbox"/> VCR	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/> Microphone	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/> Podium	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____
<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	Time Requested: _____

ALSO AVAILABLE

(No charge for setup)

Activity	Cost	Notes
Indoor (Fireplace)	Free	In Recreation Hall
Outdoor (Bonfire)	Free	

Schedule Fires Below

Activity	Day	Begin:	End:
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____

OUTDOOR ACTIVITIES

(No charge/ equipment provided)

Activity	Cost	Notes
Volleyball	Free	Outdoor sandpit
Soccer	Free	Sports Field
Softball/baseball	Free	Bring your own gloves
Football	Free	Flags available
Sports field	Free	

Schedule Outdoor Activities Below

Activity	Day	Begin:	End:
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th	_____	_____

1. DEPOSITS/CANCELLATION.

Reservations are on a first-come, first-served basis. A non refundable deposit, determined by the type of lodging requested, is required to confirm your reservation and is the responsibility of the person who signs the contract. The deposit is equal to one overnight stay for each building reserved. We MUST receive a written cancellation at least two weeks prior to the retreat; otherwise, payment is required of at least one overnight stay in accordance with your contract.

2. PAYMENT.

Financial restitution is to be resolved through the Caney Conference Centre' office within the first day of the retreat. Guests will assume full financial responsibility for any damage done to the camp facility (grounds, buildings or equipment). Damage should be reported to the Retreat Director before leaving and will be billed at the end of the retreat.

3. STAYING IN TOUCH.

- At least four weeks prior your retreat, we require that you contact the Caney Conference Centre' office at (318) 377-6756 to review your contract.
- Two weeks before your retreat, call the Director at (318) 377-6756. Be prepared to tell him/her: (1) the male/female count (for housing), and (2) a guaranteed count of individuals (if requesting food service). Caney Conference Centre' cannot guarantee meals for numbers in excess of 10% of those submitted as final. If we do not receive this information, you will be charged for the original number presented, or the number of people in attendance, whichever is greater.

4. USE OF FACILITIES.

Caney Conference Centre' reserves the right to simultaneously host other retreat groups within facility capacity (unless you've reserved the entire camp). Guests are to refrain from using buildings and equipment not reserved through previous contractual agreement. Others using Caney Conference Centre' will be instructed not to disturb your group in your assigned retreat area. With respect for Caney Conference Centre' neighbors, a noise curfew begins at 10:00 p.m.

5. STRICTLY PROHIBITED.

The use of illegal drugs or alcoholic beverages on the property is strictly prohibited. Violators will be required to leave the camp immediately. Smoking is strictly prohibited on the Caney Conference Centre' property, except within designated areas; consult the Director upon arrival.

6. GENERAL GUIDELINES

- a. Immediately upon check in, your group leader must go directly to the office to meet with the retreat host. Check-in time is any time after 3:00 p.m. Checkout time is at noon. (Unless otherwise approved by director in advance for earlier or later times). Retreats staying past checkout time will be charged for one additional day for all buildings used.
- b. All reservations are billed per calendar day, including meeting rooms.
- c. At the beginning and conclusion of your retreat, your group leader must notify Caney Conference Centre's Director to do a walk- through of the facility prior to the group's arrival and departure from camp.
- f. Guests must provide their own pillows, sheets, blankets, sleeping bags, towels and toiletries.

- g. If campers are under the age of 18, the group must maintain an adult/camper ratio of 1:8.
- i. Radios, CD or tape players, etc., are permitted only in rooms designated for your group. Please be considerate of others when you set the volume.
- j. Pets are not allowed unless caged or restrained.
- k. If you request the use of a bonfire or a fireplace, Caney Conference Centre' will set up the wood for the fire and provide additional wood.

7. GOVERNING LAW:

The terms of this Agreement shall be construed and governed by the laws of the State of Louisiana.

BY YOUR SIGNATURE, YOU ACCEPT ALL THE TERMS AND CONDITIONS OF THIS CONTRACT:

_____	_____	_____	_____
Group Leader/Position Held	Date	Director of Caney Conference Centre'	Date