

OLYMPIC LUTHERHAVEN

MEMBER CAMP RESERVATION APPLICATION AND REGISTRATION

Reservation and Deposit required for Private Church Member functions

REQUIRED RESERVATION DEPOSIT: \$200.00 (Non-refundable, Applies to Final Bill)

9375 NW Holly Road Bremerton, WA 98312-9533 olympiclutherhaven.org (360) 830-4445

INSTRUCTIONS

1. **Lutherhaven does not allow alcohol or pets on the premises.**
2. *By submitting the application, you, representing the group, acknowledge that you reviewed, understand and accept all Lutherhaven's policies and procedures.*
3. *We require from you a copy of your insurance rider from your liability insurance showing coverage for Olympic Lutherhaven. It must arrive no later than seven (7) days before check-in.*
4. *Lutherhaven will not approve incomplete applications or applications without deposits. Make checks payable to "Olympic Lutherhaven."*
5. *Until we review and approve the application, it is not approved. The caretaker will notify you of your application's status.*

GROUP INFORMATION (Please print.)

Responsible Individual:	_____
Group Name:	_____
Mailing Address:	_____
City, State, ZIP:	_____
Phone:	_____
E-mail:	_____

GROUP FUNCTION (Must be Christian; check one.)

<input type="checkbox"/> Congregation/Youth	<input type="checkbox"/> Wedding
<input type="checkbox"/> Congregation/Family	<input type="checkbox"/> Other Function
<input type="checkbox"/> Congregation/Adult	Describe: _____

CAMP USE DATES & TIMES

Arrival Date & Time: _____
Departure Date & Time: _____

CAMP USE RATES (Do not count children under 3 years old.)

Facility Use	Day Use	Overnight	Day Use - All Water Activities
	Up to 150 Persons Per Day	Up to 100 Persons per Day	Groups must request and pay for Lutherhaven provided waterfront certified lifeguards. Contact caretaker for current rates.
Base Fee	Up to 30 Persons: \$150 per Day	Up to 25 Persons: \$400 per Day	
Additional Per Person Per Day	\$5	\$16	
Enter Estimated Persons Per Day			

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APPLICATION AGREEMENT

I am responsible for my group's and guests' actions. I read, understood and will comply with all Lutherhaven's rules and regulations. It is my responsibility to effectively communicate the rules and regulations to all my members and guests. Prior to check-in and prior to check-out, the caretaker and I, together, will do a complete inspection of the entire campus. Until the caretaker notifies me that Lutherhaven approved my application, it is not approved .

Group Representative Signature

Date

FOR INTERNAL USE ONLY

Staff Member Receiving Application

Date and Time

Staff Member Receiving Deposit

Check #, Date and Time

Staff Member Distributing Rules/Regulations to Applicant

Date and Time

Caretaker Approval Signature

Date and Time

Facility	Day Use	Overnight	Day Use - All Water Activities
Actual Person Days			
Total Facility Fees			
Lifeguard Fees			

Damage & Loss Assessments (Description: _____):

Total Bill:

Less Received Deposit:

(Date Paid: _____ Check #: _____) **TOTAL DUE:**