

# GUEST GROUP RESERVATION REQUEST

Children's Bible Ministries / Camp Ozone  
232 Camp Ozone Road Rockwood, TN 37854  
[www.campozone.org](http://www.campozone.org)

865-245-9050  
cbm@campozone.org

## PLEASE PRINT

Name of Group: \_\_\_\_\_  
Name of Leader: \_\_\_\_\_  
Email of contact: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Estimated # in group: \_\_\_\_\_

## ESTIMATED BILLING WORKSHEET

Please submit this with the request and keep a copy for your records. Final bill will be based on actual attendance but this allows us to prepare to host your group as best as possible.

RESERVATION FEE: \$50 for day events      \$100 for overnight events

The reservation fee will be applied to the total bill. If necessary, charges for cleanup, unreturned equipment and damage repairs will be deducted from the reservation fee. If payment is not made in full before departure, the reservation fee will be forfeited as a late payment penalty. Reservations can NOT be finalized until reservation fee is received. Cancellations 2 weeks or less before the event will forfeit your fee. Two – 4 week notice of cancellation will receive partial refund. If the event is able to be rescheduled within 3 months of the original date, the reservation fee may be applied to the rescheduled time.

**CABIN RESERVATIONS:** \$15 per night x \_\_\_\_\_ people = \$ \_\_\_\_\_ x \_\_\_\_\_ nights  
\$ \_\_\_\_\_

**This rate is based on a 2:00 p.m. or later check-in and 12:00 p.m. or earlier check-out  
& includes the use of all facilities unless otherwise stated. (No meals included)**

## ADDITIONAL OPTIONS:

Meals provided by Camp Ozone:

Breakfast -	\$7 x _____ # of meals	=	\$ _____
Lunch -	\$8 x _____ # of meals	=	\$ _____
Supper -	\$9 x _____ # of meals	=	\$ _____
<i>Example:</i>	<i>\$8 x 50 meals (2 lunches for 25 people)</i>	=	<i>\$400</i>

Evening snack provided by Camp Ozone: \$2 per person = \$ \_\_\_\_\_

\$1 per person for supplemental coverage is REQUIRED  
for groups **without Proof of Liability Coverage** \$ \_\_\_\_\_

TOTAL PAGE 1 \$ \_\_\_\_\_

(next page)

TOTAL PAGE 1 \$ \_\_\_\_\_

**TENT CAMPING:** \$5 / night / person

\$5 x (#\_\_\_ first night + #\_\_\_ second night...)= \$ \_\_\_\_\_

**DAY ONLY GUESTS:** \$4 / day / person = \$ \_\_\_\_\_

**TOTAL BALANCE DUE AT CHECKOUT** \$ \_\_\_\_\_ - reservation fee = \$ \_\_\_\_\_

Camp Ozone requires a **minimum use fee of \$100 per group.**

Would you like to support the ongoing ministry of Camp Ozone?

Facility improvements and ministry operations: \$ \_\_\_\_\_

Summer Camp Scholarship fund: \$ \_\_\_\_\_

Missionary support: Brent/Beth Woodard \$ \_\_\_\_\_ James/Jamie Priest \$ \_\_\_\_\_  
Rebecca Evans \$ \_\_\_\_\_ Avery/Lauren Berdeau \$ \_\_\_\_\_

All donations in excess of Balance Due are tax deductible

For Office Use Only

Amount Paid - \$ \_\_\_\_\_ Date Paid - \_\_\_\_\_ Check # - \_\_\_\_\_

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Notes: