

GUEST GROUP RESERVATION REQUEST

Children's Bible Ministries / Camp Ozone
232 Camp Ozone Road Rockwood, TN 37854
www.campozone.org

865-245-9050
cbm@campozone.org

PLEASE PRINT

Name of Group: _____ Date(s) requested: _____
Name of Leader: _____ Contact #: _____
Email of contact: _____ Expected # in group: _____

ESTIMATED BILLING WORKSHEET

Please submit this with the request and keep a copy for your records. Final occupancy will be based on actual attendance but this allows us to prepare to host your group as best as possible. Meals will be based on final numbers provided one week in advance as supplies are purchased accordingly.

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. Notice of cancellation 2-4 weeks before reservation 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

Example: \$15 x 20 people = \$300 x 2 nights = \$600 \$_____

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 **excluding** kitchen, unless otherwise stated.

Meal Options: Lunch and Supper generally include a dessert. Ask us for sample meals or options.
Kitchen equipment is not available for guest use. Meals may be catered, pot luck, etc. with own supplies.

Meals provided by Camp Ozone:

Breakfast -	\$8 x	# of meals	=	\$	
Lunch -	\$9 x	# of meals	=	\$	
Supper -	\$10 x	# of meals	=	\$	Total meals: \$_____
<i>Example:</i>	<i>\$9 x 50 meals</i>	<i>(2 lunches for 25 people)</i>	<i>=</i>	<i>\$450</i>	

Evening snack provided by Camp Ozone: \$3 per person = \$_____

\$2 per person for supplemental coverage is REQUIRED
for groups **without Proof of Liability Coverage** \$_____

TOTAL PAGE 1 \$_____

TOTAL PAGE 1 from front for continued planning: \$ _____

TENT CAMPING: \$5 / night / person

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

DAY ONLY GUESTS: \$5 / day / person = \$ _____

TOTAL BALANCE DUE AT CHECKOUT \$ _____ - res fee \$ _____ = \$ _____

Camp Ozone requires a **minimum use fee of \$100 per day or night.**

* This is NOT an additional fee and only applies if total balance otherwise comes to less than \$100 each day/night.

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 \$ _____ Avery/Lauren Berdeau \$ _____
Bruce/Michelle Cook \$ _____

All donations in excess of Balance Due are tax deductible

For Office Use Only

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

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

Notes: