



Worksheet for Fees - Damage waiver

Camp New Dawn

Providing opportunities to share God's love which brings rebirth, rest and renewal

Name of Group: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____

Dates of stay/use _____ Person making reservation: _____

Time of arrival: _____ For Pavilion only, hours of use: _____

Cabins—includes using cabins, pavilion, playing fields

Number in group _____ x number of nights _____ x \$20 (less than 10) = _____

Children under 5-no charge; 6-12-\$10.00 or x \$15 (10 or more) = _____

Special Activities: \$10 each Campfire = _____

Hayride = _____

Archery = _____

Tent campsites = _____

If renting the pavilion only: Up to 50 people, \$50 up to 4 hours = _____

Team Building/Adventure activities: No. persons ½ day _____ x \$30 = _____

“ full day _____ x \$50 = _____

Sub-total = _____

Sales and Use Tax (7%) _____

Grand Total _____

Less deposit* _____

Balance Due at check out _____

*Must enclose a non-refundable \$25 deposit to secure your reservation. Will be credited to your total after your visit.

_____ Please send us your quarterly prayer letter _____ Please send summer camp info

Comments:

Camp New Dawn is a drug and alcohol free facility. Smoking in designated area only.

I agree to report any breakage/damage and agree to pay to cover cost of repair or replacement.

If damage occurs, check with hostess for estimated cost.

Signature of person in charge of group.

Office use only: Deposit received on _____ Copied on back by _____

Balance received by Camp New Dawn Representative _____

On _____ Amount: _____ Copied check on back _____ Cash _____
