



# Camp Reservation Application

# 2010

The camp can only be rented by non-profit organizations.

Delano Bay Christian Camp 810 Stamford Rd., Lakebay, WA 98349 • (253)-884-2966

The reservation and damage deposit of \$500.00 is required and must be received within ten (10) days of a verbal registration. After 10 days the verbal agreement is considered void and the camp is available to another applicant.

**Payment in full will be made before leaving the Camp.**

Cleaning or damage charges will be applied against the deposit.

If the camp is left clean and in good condition, the full deposit will be returned by mail.

The deposit will be forfeited if cancellation, for any reason, is received within 30 days of the scheduled use date. There is a minimum 2 day rental required March - September.

Non-profit Organization or Church _____		Contact person _____	
Address _____	City _____	State _____	Zip _____
Home phone _____	Work phone _____	Organization/Church.Phone _____	
Email Address _____	Beginning Date _____	Ending Date _____	No. of Nights _____

What is the purpose of your use: \_\_\_\_\_

**Form must be filled out completely. Please do not leave any blank spaces.**

**If you are providing your own food service, you agree to comply with all applicable Health Department Regulations.**

Anyone renting the camp must agree to follow the camp rules and take all precautions to protect themselves and others from harm. I have received a copy of the rules and agree to these rules.  Yes  No

Signature _____			
Estimated number of adults attending your activities	Males _____	Females _____	Total Adults _____
Estimate number of children attending your activities	Males _____	Females _____	Total Children _____

**Use Fee is: \$650.00 per day or \$15.00 per day per person -- Whichever is Greater**

**This rate includes:** Full use of the lodge with complete kitchen facilities, a 120 seat Dining Hall, Four Bedrooms and a Fellowship Room on Lower Level, and two (2) forty-eight (48) capacity dormitories with an adjoining bath-house for each.

Cost		Number of people	Number of Days (wk)		Totals
\$650.00	X	_____	_____	=	_____
\$15.00	X	_____	X _____	=	_____

**Additional Options:** There is a \$50 Deposit for cabins

**Seaside Cabins: \$45.00 per night  
or: \$225.00 per week (7 nights)**

	Number of cabins			
X	_____	X	_____	= _____
X	_____	X	_____	= _____

**Recreational Vehicle Hook-ups:  
\$20.00 per day.**

	Number of spaces			
X	_____	X	_____	= _____

**Grand Totals** \_\_\_\_\_

**Office Use Only**

Received Date	Check No.	Payments	Deposit Applied to Rent or Deposit Refund Date
Deposit _____	_____	_____	_____