

SPRING MILL BIBLE CAMP
2836 SR 60 EAST
MITCHELL, IN 47446
(812) 849-3111
www.springmillbiblecamp.org

Dear Renter:

Thank you for your interest in renting the facilities at Spring Mill Bible Camp.

A payment of 1/2 of the total rental charges plus a separate damage deposit of \$250.00 is required to hold your reservation at this time. In the event you wish to cancel your reservation, a thirty day written notice is required or the payment of 1/2 the total rental charges will be retained to cover the forgone opportunity to rent to other interested groups. Camp reservations cannot be held until we have received your deposit. Please return these forms as soon as possible.

The charges for rental of the camp facilities can be found on the rental and usage form enclosed in this letter. Please note that the camp is rented on the basis of a 24-hour period and there is a \$3.00 per person, per day charge.

All groups are required to provide proof/certificate of insurance from their insurance provider.

Your group or organization will be responsible to furnish all food, personal toiletries, bedding and first aid supplies.

The \$250.00 damage deposit will be refunded if there has been no damage to the camp facilities and your group leaves the campgrounds clean in accordance with the attached check-out checklist. It is expected that you will leave the camp clean and prepared for following rentals. A cleaning fee of \$25 per hour will be charged for any cleanup required after your group checks out. If no damage is incurred and the camp is left clean, a check for \$250.00 will be mailed to you within 5 working days of your departure.

If you have any questions or comments feel free to contact us at (812) 849-3111.

Sincerely,
Terry & Shawna Taflinger,
SMBC Resident Agents

(Retain this sheet for your reference)

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Use of the Cafeteria	# of days _____ x	\$150.00 =	\$ _____
Use of the Infirmary	# of days _____ x	\$100.00 =	\$ _____
Use of the Cafeteria and Infirmary	# of days _____ x	\$200.00 =	\$ _____
Heated cabin(s)	# of days _____ x	\$ 25.00 =	\$ _____
Unheated cabin(s)		FREE	
*(# of People _____)	x (# of days _____) x	\$3.00 =	\$ _____

(A) Total of the above Facility Rental Cost-----\$ _____

(B) Deposit to cover damage and/or cleanup ** \$250.00

Deposit plus 1/2 of line (A) is due **to hold a reservation**. Remaining 1/2 of line (A) will be **due upon arrival**. Camp cannot be held until deposit is received. In the event you wish to cancel your- reservation, a thirty-day written notice is required or the payment of 1/2 of the total rental charges will be retained to cover the foregone opportunity to rent to other interested groups.

*There is a \$3.00 daily per person charge for everyone staying the night at the camp.

**The \$250.00 damage deposit will be refunded if there has been no damage to the camp facilities and/or grounds and your group leaves the campgrounds clean and free of trash. A check for \$250.00 will be mailed to you within 5 working days after departure.

Note: A rental day shall be a 24-hour period or any portion thereof.

Example #1: Check in at 9am on Friday and check out at 2pm on Sunday will count as 3 days.

Example #2: Check in Friday at 9pm and check out at 3pm on Saturday will count as 1 day.

Rental groups shall furnish all food, personal toiletries, bedding, and first aid supplies.

I, _____, agree to abide by the
 (name of responsible party)

conditions of this contract and be financially responsible for damages or cleanup resulting from the rental of the camp property.

Signature of responsible party: _____

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Reservation Information Form

Dates for reservation: _____

Group name reserving the camp: _____

Group Address: _____

Contact Person: _____

Home phone number: _____

Work phone number: _____

Back-up contact person: _____

Home phone number: _____

Work phone number: _____

Activity being sponsored: _____

Church affiliation: _____

Church address: _____

Insurance Carrier: _____

Policy Number: _____