Camp Cullom Reservation Form

Clinton County Youth Group

Office Use Only
_____ *Days* _____ *Nights*

NOTICE: NO ALCOHOL OR DRUGS. NO EXCEPTIONS. ALL CONTAINERS AND VEHICLES ON CAMP PROPERTY ARE SUBJECT TO SEARCH FOR ALCOHOL / DRUGS BY CAMP RANGER, CAMP REPRESENTATIVE, AND/OR LAW ENFORCEMENT. **VIOLATION BY ANY GROUP MEMBER WILL RESULT IN THE IMMEDIATE REMOVAL OF ENTIRE GROUP FROM CAMP CULLOM PREMISES WITH ALL FEES FORFEITED.**

Name of Organization: _____

Person Responsible: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Estimated # of Youth: _____ Estimated # of Adults: _____

Check facilities you wish to reserve. Each 24 hours is considered one day.

☐ Main Camp and Camp Lodge Facilities - FREE* (plus heat) ☐ Chapel - FREE

* Users of Kitchen MUST bring own cleaning supplies and dish towels

Check the Camp Sites you wish to reserve.

☐ Nuthatch Knob ☐ Bluebird Meadow ☐ Sassafras Grove ☐ Hilltop Fire Ring

☐ Cottontail ☐ Sugar Maple Ridge ☐ Hilltop Fire Ring

Total Fees to be Paid _____

Deposit $20.00

Total Due _____

Please initial:

☐ All reservations MUST be confirmed by WRITTEN NOTICE from Camp Cullom

☐ Alcohol and Drugs are banned. Any violation will result in the immediate removal of the entire group from Camp premises.

I have read the attached rules and above requirements and I agree to take full responsibility for my group. I will be responsible for clean up and trash removal. I understand that alcohol and drugs are banned and that if anyone brings any banned substance, our function will be stopped; the entire group will be immediately removed from the Camp; and, all fees will be forfeited.

_____

Responsible Person Signature Responsible Person Name Printed Date

RETURN TO:

Camp Cullom
6815 W Co. Rd. 200 N
Frankfort, IN 46041

Email: campc@mintel.net
Phone: 765-296-2753