Camp Cullom Reservation Form

Adult 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* - $200 for 6 hrs ☐ Chapel - $50

* 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 ☐ Shelter House

☐ 2 hrs for $25

TOTAL RENTAL FEES: _____ (mark time) ☐ 4 hrs for $50

Please initial:

☐ THIS RESERVATION MAY BE CANCELLED BY CAMP CULLOM UP TO 30 DAYS PRIOR TO YOUR EVENT should an approved YOUTH GROUP need our facility. Please keep in mind that this non-profit organization primarily serves our youth. Board aproved events excepted.

☐ Building fees must be paid at least 30 days prior to your function or your deposit is forfeited and your reservation is cancelled. In addition, a DAMAGE DEPOSIT of $100 must be received within 14 days of your reservation. Deposit is refundable if Camp property is left clean and undamaged.

☐ 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