



DAY-USE APPLICATION – CAMP KULAQUA

Name of Group/Organization:			
Name of Contact Person:		Email:	
Address:		City:	State: Zip:
Tel (w):	Tel (h):	Fax:	Cell:
Dates: 1 st Choice:		2 nd Choice:	3 rd Choice:
Group Size:		Arrival Time:	Departure Time:
Do you plan for us to provide food service in our cafeteria*? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/>			
*Please note a minimum of 50 people per meal is required; if less than min. will check availability; guaranteed meal counts required 10 days prior to retreat			

MEETING ROOM NEEDS REQUESTED*

King Chapel – seats 600 <input type="checkbox"/> Yes <input type="checkbox"/> No	Gymnasium – seats 1000 <input type="checkbox"/> Yes <input type="checkbox"/> No
A-Frame – seats 80 <input type="checkbox"/> Yes <input type="checkbox"/> No	Gym Conference Rooms <input type="checkbox"/> Yes <input type="checkbox"/> No
Spring Chapel – seats 200 <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – How Many (9 rooms seats 50 ea) # _____
Equestrian Room – seats 20 <input type="checkbox"/> Yes <input type="checkbox"/> No	Cafeteria – seats 600 <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*In event of multiple groups using the camp, we reserve the right to place groups in appropriate sized meeting facilities.</i>	

OUTDOOR MEETING NEEDS

Amphitheatre – seats 300 <input type="checkbox"/> Yes <input type="checkbox"/> No	Tepee/Indian Camp – seats 150 <input type="checkbox"/> Yes <input type="checkbox"/> No
Wagon Camp – seats 300 <input type="checkbox"/> Yes <input type="checkbox"/> No	Miner’s Camp – seats 250 <input type="checkbox"/> Yes <input type="checkbox"/> No

RECREATION AND ACTIVITIES REQUESTED

Please note that activities marked with an * are NOT available from sundown Friday to sundown Saturday.

Gymnasium Rec Time * <input type="checkbox"/> Yes <input type="checkbox"/> No	Skate Park* <input type="checkbox"/> Yes <input type="checkbox"/> No
Horseback Rides * <input type="checkbox"/> Yes <input type="checkbox"/> No	Picnic Area* <input type="checkbox"/> Yes <input type="checkbox"/> No
Ponies* <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Games* <input type="checkbox"/> Yes <input type="checkbox"/> No
Go-Cart Rides * <input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball* <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoo/Nature Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Volleyball * <input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Tour?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Hayride * <input type="checkbox"/> Yes <input type="checkbox"/> No
Canoes <input type="checkbox"/> Yes <input type="checkbox"/> No	Bonfire <input type="checkbox"/> Yes <input type="checkbox"/> No
Putt-Putt Golf * <input type="checkbox"/> Yes <input type="checkbox"/> No	Tubing (off-site) <input type="checkbox"/> Yes <input type="checkbox"/> No
Low Ropes <input type="checkbox"/> Yes <input type="checkbox"/> No	River Trip & Pick-up * <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming At Hornsby Spring* <input type="checkbox"/> Yes <input type="checkbox"/> No	Inflatable Games* <input type="checkbox"/> Yes <input type="checkbox"/> No
Kulaqua River Ranch * <input type="checkbox"/> Yes <input type="checkbox"/> No	

TERMS AND CONDITIONS:

Camp Kulaqua is a Christian camp, which is owned and operated by the Seventh Day Adventist Church. In order for all our guests to feel comfortable at our facility, we ask that you observe and provide adequate supervision for a few simple guidelines while visiting:

- No beverages containing alcohol will be allowed on the premises. If anyone in your group is observed with any form of alcohol, you will be asked to leave and there will be no refund.
- Smoking is not permitted in any of the buildings or at public activities.
- We request modest bathing suits be worn while on camp property

From sundown Friday until sundown Saturday, we make every effort to maintain a quiet worshipful atmosphere as this is our Sabbath. You will note activities mark with an asterisk.

ACCIDENT INSURANCE: Yes No

Note: You MUST have Group Accident Insurance coverage with the exception of FL. Conference of SDA organization.

TRANSPORTATION:

You are responsible for all transportation to and from camp and/or any activities that are planned for off-camp premises during your stay.

FIRST AID:

Please note that you are responsible for first aid and medical treatment for your group. There are medical services available within five (5) minutes of the camp.

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GUARANTEE AND FINANCES:

Groups desiring to use the facilities at Camp Kulaqua must arrange ahead by making application. Upon receiving this application, the date will be checked for availability. If the date is agreeable, a confirmation agreement will be emailed to you. Please be prepared to have the required deposit at Camp Kulaqua office within 10 days after receiving confirmation from us. If this deposit is NOT received within the stated deadline, Camp Kulaqua reserves the right to cancel the confirmed dates.

DO NOT assume confirmation until you receive a verbal confirmation and a confirmation agreement in your email. The deposit is not refundable unless the reservation is cancelled within 30 days of confirmation. If you find it necessary to ask for a change in date after that 30-day period, a request must be submitted to this office. Under certain circumstances, we will endeavor to reschedule your group within the same calendar year. However, your deposit is only valid for the same calendar year and does not extend into the following years.

Charges for retreats are made on the basis of facilities and/or equipment used, and the number of people in your group. Your deposit will be used toward your current charges and the balance is due upon receipt of the invoice. We ask that your group representative check out with the Camp Manager before leaving the grounds and discuss all charges incurred.

This application supersedes any previous verbal or written communication.

We, the undersigned, have filled out the above application to the best of our knowledge. We have read the User Group Orientation Information and Aquatics Orientation Information enclosed with this application and the regulations concerning finances. We agree to these conditions and request use of Camp Kulaqua.

Signed _____ Date _____

FOR OFFICE USE ONLY

Director: _____ Date Signed: _____ Date Approved for Camp Use: _____

Deposit Amount: \$ _____ Contract Number: _____

Camp Kulaqua
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