

## DAY-USE APPLICATION – CAMP KULAQUA

Name of Group/Organization:							
Contact Person: Title		Title:		Email:			
Address:		•	City:		State:	Zip:	
Tel (w):	Tel (h):		Fax:		Cell:		
Dates: 1st Choice:	3 <sup>rd</sup> Choice:						
Group Size: Arrival Time:		Departure Time:					
What is the main objective, goal or purpose of your event?							
If you have been referred by someone, please insert your referral # here							
Do you plan for us to provide food service in our cafeteria*? Breakfast Lunch Supper							
*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	Yes	No	Gymnasium – seats 1000		Yes	☐ No	
Spring Chapel – seats 275	☐ Yes ☐	No	Gym Conference Rooms		Yes Yes	☐ No	
A-Frame – seats 80 Yes No		If Yes – How Many (9 rooms seats 50 ea) #					
Woodland Lodge Seminar Room	☐ Yes ☐	No	Cafeteria – seats 600		☐ Yes	☐ No	
If Yes – How Many (3 rooms seats 75 ea) #		_	Equestrian Room – seats 20	)	Yes	☐ No	
*In event of multiple groups using the camp, we reserve the right to place groups in appropriate sized meeting facilities.							
OUTDOOR MEETING NEEDS							
Amphitheatre – seats 300	☐ Yes ☐ I	No	Tepee/Indian Camp – seats	150	Yes	☐ No	
Wagon Camp – seats 300	☐ Yes ☐ I	No	Miner's Camp – seats 250		☐ Yes	☐ No	
Whole Picnic Pavilion – seats 400	) Yes I	No	Picnic Pavilion ½ - seats 20	0	Yes	☐ No	
RECREATION AND ACTIVITES REQUESTED							
Please note that activities marked with an * are NOT available from sundown Friday to sundown Saturday.							
Horse Rides –1 ½ hr *	Yes	No	Skate Park*		☐ Yes	☐ No	
Ponies*	Yes	No	Field Games*		☐ Yes	☐ No	
Go-Cart Rides *	Yes	No	Basketball*		☐ Yes	☐ No	
Zoo/Nature Center	Yes	No	Volleyball *		☐ Yes	☐ No	
Low Ropes	Yes	No	Hayride *		☐ Yes	☐ No	
Tower of Faith* (Zipline, Rockwall, Leap of Faith)	Yes	] No	Bonfire		Yes	☐ No	
Inflatable Water Slide*	☐ Yes ☐	No	Tubing (off-site)		☐ Yes	☐ No	
Gymnasium Rec Time *	☐ Yes ☐	No	River Trip & Pick-up *		☐ Yes	☐ No	
Canoes	☐ Yes	No No	Inflatable Games*		☐ Yes	☐ No	
Swimming At Hornsby Spring*	Yes	No No	Putt-Putt Golf *		☐ Yes	☐ No	
Kulaqua River Ranch *	☐ Yes	] No	Golf Cart(s) 2	seater	4 seater	2 seater w/ cargo bed	

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## **TERMS AND CONDITIONS:**

Deposit Amount: \$\_\_\_\_\_

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.

Director: Date Signed: Date Approved for Camp Use:
FOR OFFICE USE ONLY
Signed Date_
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.
This application supersedes any previous verbal or written communication.
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.
<u>PLEASE DO NOT</u> assume you have a confirmed reservation until you have received a contract agreement in your email with the confirmation number and confirmed date.
The Deposit is non-refundable after 30 days from your confirmation date listed at the bottom of your contract agreement. If you find it necessary to ask for a change in date after that 30-day period, a request must be submitted via email to the reservations central 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.
<b>GUARANTEE AND FINANCES:</b> To make a reservation, please complete this form. Upon receiving this application, the date will be checked for availability. Please be prepared to make the required deposit by credit card or check. Once the deposit is secured a Confirmation Agreement will be emailed to you.
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.
<b>TRANSPORTATION:</b> You are responsible for all transportation to and from camp and/or any activities that are planned for off-camp premises during your stay.
SPECIAL NEEDS: Camp Kulaqua is not equipped to handle Special Needs.
ACCIDENT INSURANCE: Yes No Note: You MUST have Group Accident Insurance coverage with the exception of FL. Conference of SDA organization.
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.
<ul> <li>Smoking is not permitted in any of the buildings or at public activities.</li> <li>Pets are not allowed in any of the buildings or lodging.</li> <li>We request modest bathing suits be worn while on camp property</li> </ul>
and there will be no return.

Camp Kulaqua
23400 NW 212<sup>th</sup> Ave., High Springs, FL 32643
Phone: (386)454-1351 Fax: (386)454-4748
Email: rescentral@floridacamps.org

Contract Number: \_\_\_\_

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