

## 2010 APPLICATION AND CONTRACT

In order to hold your reservation, we require your deposit by \_\_\_\_\_.

1. Name of Church or Group \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. If person named above is not the person responsible for the group while at Camp Wartburg, please give the name of the person in charge: \_\_\_\_\_

4. Date(s) of retreat/conference \_\_\_\_\_

Arrive: Day \_\_\_\_\_ Time \_\_\_\_\_

Depart: Day \_\_\_\_\_ Time \_\_\_\_\_

5. Type of group: Youth \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_

If youth group, please indicate grade(s) \_\_\_\_\_

6. Approximate number \_\_\_\_\_ **(WILL NEED GUARANTEED NUMBER TEN (10) DAYS BEFORE ARRIVAL)**

7. Sleeping Accommodation (# of Beds):  None Needed

Lindenberg Village	Thorburg Hall	Middle Camp	___ Tree House
___ Retreat House Left (26)	___ 1 (4)	___ Cabin A (8-10)	(\$5 each/night)
___ Retreat House Middle (40)	___ 2 (6)	___ Cabin B (8-10)	(10 each-2 Houses)
___ Retreat House Right (26)	___ 3 (6)	___ Cabin C (8-10)	___ Tents
	___ 4 (8)	___ Cabin D (8-10)	(\$5 per person/night)
Lindenberg & Thorburg	___ 5 (6)	\$18 person/night Friday & Saturday	
\$20 person/night Friday & Saturday		\$16 person/night Sunday-Thursday	
\$18 person/night Sunday-Thursday			

8. Type of meeting space requested:  None Needed

Negwer Downstairs \_\_\_ 1E \_\_\_ 2F \_\_\_ 3W \_\_\_ Negwer Upstairs-Foundation Hall  
(Space for 50 each -- \$50 per room per day) (Space for up to 200--\$150 per day)

\_\_\_ Common Room of Retreat House \_\_\_ Sewing (Picnic) Pavilion

*Camp reserves the right to provide alternate meeting space.*

9. Check meals needed:      SUN   MON   TUE   WED   THU   FRI   SAT

Breakfast (\$5.50)      \_\_\_\_\_

Lunch (\$6.50)      \_\_\_\_\_  None Needed

Dinner (\$7.50)      \_\_\_\_\_

Snack (\$2.00)      \_\_\_\_\_

10. Will you conduct the event yourself?      YES \_\_\_\_\_      NO \_\_\_\_\_

11. Request for Special Activities (check items desired)

- Hike  Free, Self-Directed  \$6 (1/2 day) CW-Directed
- Pond Canoe  Free to Overnight Groups  \$1.50 CW-Directed
- River Canoe (\$6 CW-Directed Only)
- Work Project (Please contact Bob Polansky at 618-939-7715)
- Swimming (Summer only - \$75 per group for 2 hours)
- Campfire  Free to Overnight Groups  \$5 CW-Directed
- GIC  \$3 (1/2 day) Self-Directed with camp approval  \$7 (1/2 day) CW Directed
- Caving (\$6 CW-Directed Only)
- Archery  \$1 Self-Directed  \$4 CW-Directed
- Outdoor Education (\$6 per session CW-Directed Only)
  - AM  PM  Evening
- High Ropes Course CW-Directed Only (Please contact Bob Polansky at 618-939-7715)
  - 1/2 Day  Full Day
  - \$260 – up to 14 participants  \$440 – up to 14 participants
  - \$330 – up to 24 participants  \$540 – up to 24 participants

12. Special services and equipment:

- Flipchart/Easel  No. of Tables  No. of Chairs  Sound System (\$50)
- Projector w/ screen (\$50)  Overhead Projector  White Screen Only (\$15)
- TV/VCR/DVD Player (\$25)  Other (specify) \_\_\_\_\_

13. Deposit Amount \_\_\_\_\_

14. Orientation of groups will be done by the Camp Wartburg Staff.

15. Camp Wartburg and Lutheran Child & Family Services of Illinois (hereafter referred to as "The Camp") assume no responsibility for injury or damages to persons using Camp Wartburg facilities, unless due to the gross negligence or willful neglect of The Camp. The Group (applicant) hereby waives any claim against The Camp for any injury or damages to persons associated with the Group-and agrees to hold harmless and indemnify The Camp for any liability due to any injury or damages to persons associated with the Group-which are incurred during their use of Camp Wartburg facilities, unless due to the gross negligence or willful neglect of The Camp. The indemnification herein also includes attorney's fees and costs incurred by The Camp.

16. Camp Wartburg may cancel use of its facilities at its own discretion. See General Retreat Information for Cancellation Guidelines. RATES are subject to increase with 90-day notice by mail.

\_\_\_\_\_  
Signed (Group Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (Camp Representative)

\_\_\_\_\_  
Date

**Mail completed contract and deposit to:**  
CAMP WARTBURG  
5705 LRC Road  
Waterloo, IL 62298  
Phone: 618-939-7715  
Fax: 618-939-6288  
Email: wartburg@htc.net  
www.campwartburg.com

For Office Use Only:
Deposit Received _____
Final # _____
Payment Received _____