South Mountain Baptist Camp
Retreat Center Reservation Form

(Note: The Retreat Center is for adults only.)

<table>
<tr><td>Church Information</td><td>Church Name: _____
Church Address: _____
City: _____ State: ____ Zip: _____
Church Phone Number: (_____) _____ - _____ ext. _____</td></tr>
<tr><td>Contact Information</td><td>Name: _____
Correspondence Address: (if different than church address)
_____
City: _____ State: ____ Zip: _____
Phone Number(s): (_____) _____ - _____ or (_____) _____ - _____
Email Address: _____</td></tr>
<tr><td>Deposit Information</td><td>Lodging Deposit:
An initial deposit of $100 will be required to reserve the Retreat Center 2 weeks after a reservation is made. This deposit is not refundable or transferable if your retreat is cancelled. This deposit will be deducted from your lodging costs when your balance is calculated.
Meal Deposit:
All meals should be paid in full at least one month prior to your retreat date.
This money is not refundable and not transferable.</td></tr>
<tr><td>Arrival & Departure</td><td>Date and Time of Arrival: ___/___/___ at ___:___.
Date and Time of Departure: ___/___/___ at ___:___.</td></tr>
<tr><td>Facilities & Meals</td><td>Lodging
$70/room/night
We would like to request:
__ King Rooms (1 King bed per room, 6 rooms available)
__ Double Rooms (2 double beds per room, 4 rooms available)</td><td>Meals
(all prices are per person, per meal)
Breakfast ($10.00)
□ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat
Lunch ($12.00)
□ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat
Supper ($14.00)
□ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat</td></tr>
</table>

Signature(s) & Enclosures	**Reservations will not be secured until after receipt of deposit.** All church checks or money orders should be made out to "South Mountain Baptist Camp." The camp cannot accept credit cards or personal checks for payment of a group's bill. ❑ I have enclosed a cleaning deposit of $100.00, I understand this deposit cannot be refunded if I cancel my reservations. ❑ Estimated number of guests in my group: ____. **Your signature indicates you have read and understand our retreat policies.** _____ _____ (Retreat Leader's Signature) (Pastor's Signature)

South Mountain Baptist Camp
General Consent and Liability Waiver

It is expressly understood and agreed that South Mountain Baptist Camp will not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the participants on any property belonging to South Mountain Baptist Camp, or in connection with any activities or programs, unless such loss or injury results directly from the neglect or willful act of an employee of South Mountain Baptist Camp acting within the scope of his/her employment.

I have read the policies and liability waiver agreement for the use of South Mountain Baptist Camp and will share these policies and the waiver agreement with my group.

Church Name: _____ **Retreat Date:** _____/____-____/_____

Group Leader:

_____

Printed Name Signature Date

Pastor:

_____

Printed Name Signature Date

Please return form to:

South Mountain Baptist Camp
3558 Baptist Camp Road
Connelly Springs, NC 28612

Please tell us how we can be praying for you and your group for the weekend of your retreat!:

_____
_____
_____
_____
_____
_____