

GUEST GROUP RENTAL ESTIMATED BILLING WORKSHEET

Children's Bible Ministries / Camp Grace
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PLEASE PRINT

Date of event: _____

Name of Group: _____

Phone: (____) _____

Group Leader: _____

of people in group: _____

Mailing Address: _____

SECURITY DEPOSIT: \$50 for a day event & \$150 for an overnight event
The security deposit will NOT be applied to the total bill, but will be refunded within 30 days following the event. If necessary, charges for cleanup, unreturned equipment and damage repairs will be deducted from the security deposit before being refunded. If payment is not made in full before departure, the security deposit will be forfeited as a late payment penalty. See Cancellation Policy on the Rental Agreement.

ONE DAY GROUP EVENT: \$3 per person X # of people _____ = \$ _____
This rate includes the use of all facilities unless otherwise stated. (No meals included.)

\$20 additional fee for kitchen use \$ _____

\$10 additional fee X # of cabins used _____ = \$ _____

SUMMER RATES are different as this is our summer camp season. In June and July, Saturday is the only day available for guest groups and the event is limited to 10:00 a.m.—4:00 p.m. Cost: \$5 per person

OVERNIGHT GROUP EVENT: \$15 per night X # of nights _____ X # of people _____ = \$ _____
This rate is based on a 2:00 p.m. or later Check-in and 11:00 a.m. or earlier Check-out & includes the use of all facilities unless otherwise stated. (No meals included.)

OVERNIGHT TENT CAMPING: \$5 per night X # of nights _____ X # of people _____ = \$ _____

ADDITIONAL OPTIONS FOR ALL GUESTS:

Meals provided by Camp Grace (\$5 per meal): \$5 X # of meals _____ X # of people _____ = \$ _____

Evening Snack provided by Camp Grace (\$2 per person): \$2 X # of people _____ = \$ _____

Lifeguard provided by Camp Grace: \$10 per hour X # of hours _____ = \$ _____

Hayride (max. 25 people per trip): \$10 X # of wagon trips _____ = \$ _____

Paintball - \$25 per person for 2 hours (supplies included) \$25 X # of people _____ = \$ _____

\$1 per person for supplemental coverage **REQUIRED for all groups without liability coverage** \$ _____

Additional costs accrued during stay \$ _____

Please bring a copy of this worksheet & a check with you.

BALANCE DUE AT CHECKOUT: \$ _____