

Laurelview Christian Center Reservation Contract

For Groups and Individuals

Who Are Not Members of the Christian Church (Disciples of Christ)

CONTACT INFORMATION

Name of Group _____

Purpose for using the center _____

Person Responsible For Group _____

Email _____ Cell Phone _____

GROUP INFORMATION (Approximate Numbers)

Total _____ (Males _____ Females _____) Ages: From _____ to _____

Must have two adults per group. Groups over 20 must have one additional adult for every 10 youth under the age of 18.

DATES AND TIMES

Arrival Date _____

Departure Date _____

Time arriving: _____

Time Departing: _____

Please note that you need to arrive and depart within an hour of the time you give to us.

SPACE NEEDED:

___ Director's Cabin

Small meeting room with fireplace and small kitchen. Two bedrooms sleeping 12 total with two baths and two basement meeting room. Two fireplaces**

___ Dining Hall

Large meeting space and large kitchen for preparing meals

___ Barn

Recreation center with basketball hoops, table games and labyrinth

___ Dormitory Cabin #1

Four pods sleep up to 36 persons with two double baths

___ Dormitory Cabin #2

Four pods sleep up to 36 persons with two double baths

**Open in Winter November 15 to March 30. 2 night minimum.

LEADER'S SIGNATURE

As the person responsible for this event, I accept responsibility for the care of the property, the conduct of the group, and will make all participants aware of the rules of the conference center.

SIGNED: _____

DATE: _____

FEES

Event Fee:

Fee includes grounds, pond, pavilion, upper barn for recreation, Thompson Dining Hall (kitchen is an additional cost) \$350

Director's Cabin: Per overnight \$150

Dormitory Cabin #1 Per overnight \$150

Dormitory Cabin #2 Per overnight \$150

Kitchen in barn per day \$75

Additional Deposit for Cleaning or Damage \$200

Please send this deposit as an additional and separate check which will be returned within 2 weeks after the event if group cleans well and there is no damage.

CANCELLATIONS

Please contact Lisa Buday at 724-938-1355 or 724-344-0544 if there is a need to cancel. If cancelling before 14 days, all money will be refunded. After 7 days, no money will be refunded but may be applied to a future date within one year.

REGISTRATION SUMMARY

- MAIL HARDCOPY OF THIS FORM WITH SIGNATURES
- PROOF OF INSURANCE:
 - Either a group CERTIFICATE OF INSURANCE naming Laurelview Camp as additional insured for the time of your stay
 - Or pay an additional fee for a rider on the Laurelview Insurance Policy
- ONE CHECK FOR FEES
- A SECOND CHECK OF \$200 FOR CLEANING AND DAMAGE (Returned if all is in order after event)
- Checks are payable to Christian Church in Pennsylvania, Laurelview
- Once both the form and checks are received, the registrar will contact you to confirm your reservation along with a list of what to pack, camp rules and check out procedures.
- A Camp Host will be assigned to welcome your group and to insure the safe use of the grounds during your stay.

Mail to:

Laurelview Task Force

P.O. Box 465

California, PA 15419

Registrar: Lisa J. Buday

taskforce@laurelview.org 724-938-1355 or 724-344-0544

***** If you are a non-profit providing interested in providing a camp to a group, please call for availability and additional requirements. Updated 2023**