

**THE CAMPBELL FARM
Reservation Contract
OVERNIGHT**

We would like to reserve the following dates for our group to come to Campbell Farm Mission Retreat Center:

Dates: _____ Time of arrival: _____ Time of Departure: _____

We would like to make reservations for: A minimum of _____ people and a maximum of _____ people.

We will be responsible to pay the full amount for the **minimum** number listed unless that number is reduced 60 days prior to the arrival date, or is canceled three months prior to the arrival date. A final exact count is due no less than 10 days prior to the arrival date.

Enclosed is a check for _____, which is a 50% of total cost per person (for our **maximum** number of participants), which will secure the date for our group. We understand this fee will be applied toward the total cost, but is non-refundable.

We understand that the **balance of the bill is due to be paid in one check upon** arrival unless other arrangements have been made prior to the arrival date. Any damage to the premises, equipment or property is the responsibility of the contracting group to repair or replace. The contracting group and authorized representative is responsible for these financial obligations.

The rates per person are: Breakfast \$6.00, Lunch \$ 7.00, Dinner \$ 8.00, Lodging 19.00 w/o linens

Total: \$40.00 per day Half price for children ages 4-8, ages 3 and under free.

*\$10 additional per person special dietary needs (gluten free, vegan, dairy, vegetarian)

*\$25 laundry fee

Meals (Please circle meals requested)

Breakfast:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Lunch:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dinner:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

For Snacks (e.g. donuts, cheese & crackers, fruit, cookies), Coffee, Tea, Juice add \$3 per time per person. List the approximate time(s) you want the snack(s) and number of people:

I am aware that TCF seeks to operate at full capacity of about 50 people and **reserves the right to book additional groups** for our dates if our group does not reach that number.

If it is arranged with staff that our group is able to cook for itself, I understand that we would pay an additional **\$50 a day kitchen fee** unless negotiated differently with the staff.

Organization/Group name: _____ Phone: (____) _____

Group Leader or contact person: _____ Phone: (____) _____

Address of group: _____ City, State, Zip _____

Email: _____ Fax: _____

Representative's Signature: _____ Date: _____

Farm Representative's Signature: _____ Date: _____

Please return this form with your reservation fees to:

The Campbell Farm, 2527 Campbell Road, Wapato, WA 98951

Phone: (509) 877-6413, Fax: (509) 877-2275

Contracts can also be sent electronically to campbellfarm3@hotmail.com

Payments can also be made online at <http://www.thecampbellfarm.org>