

**Kirkwood Camp & Conference Center and Friends of Camp Kirkwood, Inc.
in association with the Wilmington Family YMCA
Reservation Request Form**

If your group would like to use the Kirkwood facilities, please read the facility description and camp use policies before completing this form. Mail the completed form with deposit to The Presbytery of Coastal Carolina, 807 West King Street, Elizabethtown, NC 28337. Direct all questions about the reservation to the Wilmington Family YMCA at (910) 251-9622 ext. 223.

Dates Requested (mm/dd/yyyy) Arrival Date _____ Time ____ (AM/PM) Departure Date _____ Time ____ (AM/PM)

Group Name _____
 Contact Person _____ Contact Email _____
 Contact Day Phone _____ Contact Evening Phone _____

Bill To _____
 Billing Address _____ City, State, Zip _____
 Day Phone _____ Evening Phone _____

Name of Event/Activities Planned _____
 Number of people attending event - Males ___ Females ___ Total ___ Age range if children/youth are attending _____

Use of Swimming Pool and/or Lake: Persons using the camp facilities are invited to use the swimming pool (when open in season) and the lake for canoeing and are required to use certified lifeguards from the YMCA. Ratios for lifeguards are 25:1 for the pool and 20:1 for canoes. Please refer to the lifeguard policy before completing the table below.

| <u>Swimming Pool</u> List each date used below | Estimated Number of Users | Begin Time | End Time | Number of Hours* | Number of Lifeguards Required | Number of Hours x Number of Lifeguards |
|---|------------------------------|---------------|-------------|---------------------|----------------------------------|---|
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| | | | | | | |
| Total Swimming Hours | | | | _____ | Subtotal | _____ |
| <u>Canoes</u> List each date used below | Estimated Number of Users | Begin Time | End Time | Number of Hours* | Number of Lifeguards Required | Number of Hours x Number of Lifeguards |
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| | | | | | | |
| | | | | | Subtotal | _____ |
| | | | | | Grand total of hours | _____ |

Housing: Select from the three types of housing available for each night you need lodging. (Note: Tent campers supply own tents.)

| List each date lodging is needed | 8 Bunkhouse Cabins available (each sleeps 12) | 10 Rustic Cabins available (various capacities, maximum 90 people) | Tent Camping | Total Cost |
|----------------------------------|---|--|---------------------------------|------------|
| | ___ people @ \$17 each per night | ___ people @ \$5 each per night | ___ people @ \$3 each per night | \$ |
| | ___ people @ \$17 each per night | ___ people @ \$5 each per night | ___ people @ \$3 each per night | \$ |
| | ___ people @ \$17 each per night | ___ people @ \$5 each per night | ___ people @ \$3 each per night | \$ |
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| | ___ people @ \$17 each per night | ___ people @ \$5 each per night | ___ people @ \$3 each per night | \$ |
| | ___ people @ \$17 each per night | ___ people @ \$5 each per night | ___ people @ \$3 each per night | \$ |

Meeting/Day Facilities: Select from a variety of indoor and outdoor meeting and gathering facilities available.

| Facilities available for Day and Residential Groups | Rental Period and Rates | Total Cost Per Facility |
|---|--|-------------------------|
| Dining Hall (Day) (N/A w/meals) | ___ 4 hour minimum \$300 ___ each additional hour \$50 (maximum \$550 per day) | \$ |
| Dining Hall (Residential) | All day for \$300 x ___ number of days | \$ |
| Unit Lodge | All day for \$100 x ___ number of days | \$ |
| Large Picnic Pavilion (Day) | ___ 4 hour minimum \$75 ___ each additional hour \$25 | \$ |
| Large Picnic Pavilion (Residential) | All day for \$75 x ___ number of days | \$ |
| Pool Pavilion (without pool rental) | All day for \$40 x ___ number of days | \$ |

Food Service: Complete and attach one "Menu Form" for each day at camp. Groups wishing to have coffee between meals may use camp urns, but must bring their own supplies (coffee, creamer, sugar, etc.). **No charge for Dining Hall with meals.**

| | |
|--|----|
| Check here for "NO FOOD SERVICES NEEDED" _____ or enter <u>total</u> dollar amount from all "Menu Forms" | \$ |
|--|----|

| Other Services Available | Rental Rates | Number of Days/People | Total |
|--|--|---|-------|
| Canoes | \$15 for use of canoes per day | ___ number of days | \$ |
| Pool with Pavilion | \$50 per hour with 2 hour minimum per day | ___ total number of hours | \$ |
| Lifeguards (Ratio is 25:1 for pool and 20:1 for canoes) | \$15 per hour per lifeguard (hours calculated on page 1) | ___ total number of lifeguard hours (p.1) | \$ |
| Ground Use Fee | \$3 per person (when no other services are provided) | ___ total number of people | \$ |
| Total for all services | | | \$ |
| Minus 25% Deposit of above total (no less than \$25.00) | | | \$ |
| Balance Due (10 business days before event) | | | \$ |

Additional charges will be billed later. By signing below, the applicant signifies that the group requesting use of camp facilities and services agrees to abide by all policies pertaining to Camp Kirkwood. Reservation requests will be considered upon receipt of this completed and signed form, a 25% deposit, and the submission of all other required documentation. Once this reservation is confirmed, I understand that my group is subject to all cancellation and refund policies for Camp Kirkwood. Cancellations of more than 60 days before first day of use will receive a refund of all payments made minus a \$25.00 processing fee. Cancellations of 30-59 days will forfeit their 25% deposit and receive a refund for all payments made over that amount. Cancellations made 15-29 days will be responsible for paying 50% of the total reservation cost on file on the date of cancellation. Cancellations made within 14 days of the event shall pay full cost.

Signature _____ Date _____

Please send this form with your deposit to The Presbytery of Coastal Carolina, 807 West King Street, Elizabethtown, NC 28337.
Phone (910) 862-8300, Fax (910) 862-3524, website www.presbycc-camps.org

Kirkwood Camp and Conference Center Menu Form

(Food service is provided for groups of 30 people or more. Some exceptions may be granted by advanced request only.)

Group Name _____ Meal Date _____

| Choose one Breakfast (served at 8:00 a.m.) (All breakfasts are served with Orange Juice, Milk, and Coffee.) | No. of People | Price | Total |
|---|----------------------|--------------------------------|--------------|
| Scrambled Eggs, Grits, Bacon or Sausage (Circle one), Biscuits or Toast (Circle one), Jelly | | \$5.00 | \$ |
| Pancakes/Syrup, Bacon or Sausage (Circle one), Fruit | | \$5.00 | \$ |
| Ham/Sausage Biscuits (one meat per person), Scrambled Eggs, Hash Browns | | \$5.00 | \$ |
| Blueberry/Banana Muffins, Bagels w/topping, Fruit | | \$5.00 | \$ |
| Choose one Lunch (served at noon) (All lunches are served with Tea, Water, and Kool-Aid if requested for kids.) | No. of People | Price | Total |
| Hamburgers, Lettuce, Tomato, French Fries or Chips (Circle one), Baked Beans, Cake w/ Icing | | \$6.00 | \$ |
| Chicken Tenders, French Fries, Side Salad, Cookies | | \$6.00 | \$ |
| Vegetable Soup, Ham/Turkey Sandwiches (one meat per person), Chips, Fruit (apples, oranges, etc.) | | \$6.00 | \$ |
| Steak Hoagies w/ Cheese, French Fries or Chips (Circle one), Side Salad, Cookies | | \$6.00 | \$ |
| Hot Dogs w/ Chili, French Fries or Chips (Circle one), Baked Beans, Cole Slaw, Brownies | | \$6.00 | \$ |
| Potato Bar and Salad Bar with Toppings, Cookies | | \$6.00 | \$ |
| Choose one Dinner (served at 6:00 p.m.) (All dinners are served with Tea, Water, and Kool-Aid if requested for kids.) | No. of People | Price | Total |
| Fried Chicken, Mashed Potatoes/Gravy, Green Beans, Side Salad, Biscuits, Cake w/ Icing | | \$8.00 | \$ |
| Hamburger Steak, Mashed Potatoes/Gravy, Corn, Side Salad, Rolls, Fruit Cobblers | | \$8.00 | \$ |
| Beef Stew with Potatoes and Carrots, Rice, Green Beans, Biscuits, Cake w/ Icing | | \$8.00 | \$ |
| Spaghetti or Lasagna (Circle one), Salad with Toppings, French Bread, Brownies | | \$8.00 | \$ |
| Barbecued Chicken, Macaroni and Cheese, Yams, Lima Beans, Rolls, Cookies | | \$8.00 | \$ |
| | | Grand Total for the day | \$ |

PLEASE NOTE:

- There is no charge for the Dining Hall with meals.
- Limited exchanges and substitutions are available by advanced request and must be approved along with any price adjustments. Submit your signed form with changes noted, and we will let you know if your request has been approved. No substitutions are permitted after arriving at camp.
- With advanced request and if resources allow, dinner meals may be served at lunchtime at the dinner price.
- Special meals can be prepared by advanced request only at a higher cost based on market prices. (Example: Steak and Baked Potatoes, Pork Chops, or local Barbecued Pork with Slaw, Baked Beans, Hushpuppies, and Dessert.)
- Limited vegetarian selections are available upon request, and our food is prepared with vegetable oil.

Authorized Group Representative _____ Date _____