



PRESBYTERY OF COASTAL CAROLINA MONROE CAMP AND RETREAT CENTER RESERVATION REQUEST FORM

The following Reservation Request Form is designed to collect basic information from groups wishing to use the Presbytery of Coastal Carolina Monroe Camp facilities. Please read the attached camp use policies before completing this form. Direct all questions to the Camp office by calling (910) 276-1654.

Date(s) Requested (mm/dd/yyyy): _____ to _____ Arrival Time: _____ Departure Time: _____

Group Name: _____

Contact Person: _____ Contact Email: _____

Contact Work Phone: _____ Contact Home Phone: _____

Bill To: _____

Address: _____ City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Name of Event/Activities Planned: _____

Number attending Event: Males: _____ Females: _____ Total: _____

Use of Swimming Pool and/or Lake: Persons using the camp facilities are invited to use the swimming pool (when in season) and the lake for canoeing. Please refer to the lifeguard policy before answering the following question and completing the table.

Check one of the Following: We will use Camp Supplied Lifeguards We will Supply our own Lifeguards. Complete last three columns if you are using "Camp Supplied Lifeguards."

<u>Swimming Pool</u>						
Dates Used: (List Each Date Below)	Estimated No. of Users:	Begin Time:	End Time:	No. of Hours:*	No. of Lifeguards Required	Hours x Lifeguards
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total Swimming Hours					Subtotal	_____
<u>Canoes</u>						
Dates Used (List Each Date Below)	Estimated No. of Users:	Begin Time:	End Time:	No. of Hours:*	No. of Lifeguards Required	Hours x Lifeguards
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
					Subtotal	_____
					Grand Total	_____

* - For billing purposes, partial hours are rounded to the next full hour.

Housing Information: Select one of the 4 types of housing available at Monroe Camp and Retreat Center.

Date(s)	Type of Lodging Requested – Indicate Number of Persons in Each Type of Housing Cabins A-D Rates Shown are per person per night (Show # using each type of housing)	Total
	McKnight Houses 1-16	
_____	_____ McKnight (\$300) First Night- (\$100) Additional Nights _____ Number of Nights	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____
_____	_____ Unit B Cabins (\$13) _____ Unit A,C & D Cabins (\$10) _____ Efficiency Cabin(\$30)	\$ _____

Meeting Facilities: Monroe Camp and Retreat Center has a variety of indoor and outdoor meeting facilities available. Please complete the following information to insure that your group will have adequate meeting space.

Type of Meeting Space	Rental Period	Total
Hafer Hall (Day Group)	4 Hour minimum - \$200 - Additional Hours: _____ (\$50/hour up to a Maximum Rental of \$400 per day)	\$ _____
Hafer Hall (Residential Group)	All Day - \$200 x Number of Days _____	\$ _____
Boyd Lodge (Day or Residential)	All Day - \$200 x Number of Days _____	\$ _____
McKnight Lodge (Day use only)	All Day - \$125 x Number of Days _____	\$ _____
Picnic Shelter	All Day - \$55 x Number of Days _____	\$ _____

Food Service: Complete and attach one “Food Selection Form” for each day at Monroe Camp and Retreat Center. Persons wishing to have coffee during events may use camp urns but must bring their own supplies (coffee, sugar, creamer, etc.).

Total Dollar Amount from all “Food Selection Form(s)” Check here _____ if No Food Services Needed	\$ _____
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Other Use Fees:

Type of Service	Rental Cost		Total
Canoes	\$15 for use of canoes	_____ Days	\$ _____
Pool	\$50 per hour	_____ Hrs.	\$ _____
Lifeguards (Ratio - 25:1 for pool and 20:1 for canoes)	\$15/hour/lifeguard (Hours Calculated from Page 1)	_____ Hrs.	\$ _____
		No. of People	
Ground Use Fee	\$3 per person (No other services provided)	_____	\$ _____
Horseback Riding Fee	\$10 per person per day (Seasonal Availability) _____ Day(s)	_____	\$ _____
Ropes Course – Full Day	High and Low Ropes - \$30 per person	_____	\$ _____
Ropes Course – Full Day	Low Ropes only - \$18 per person	_____	\$ _____
Ropes Course – Half Day	High Ropes - \$20 per person	_____	\$ _____
Ropes Course – Half Day	Low Ropes - \$13 per person	_____	\$ _____
Total for all Services			\$ _____
Minus Deposit (25% of above Total but no less than \$25)			\$ _____
Balance Due ten (10) business days before event			\$ _____

By signing below, the applicant signifies that the group requesting use of camp facilities and services agrees to abide by all Presbytery policies pertaining to Monroe Camp. Reservation requests will be considered upon receipt of this completed and signed form, a deposit check in the amount shown above and the submission of all other required documentation (ex. “Food Selection Form(s)). Once this reservation is confirmed, I understand that my group is subject to all of the Presbytery’s cancellation/refund policies.

Cancellations of more than 60 days before first day of use shall recover full fees minus a \$25 processing fee. Cancellations of 30-59 days shall lose their 25% deposit. Cancellations made 15-29 days from use shall recover or pay 50% of the groups reservation cost on file on date of cancellation. Cancellations made within 14 days of the event shall pay full cost.

Signature: _____ Date _____

Please send this Camp Reservation Request to: Registrar, Presbytery of Coastal Carolina
807 West King Street, Elizabethtown, NC 28337, Phone: 910-862-8300 Fax: 910-862-3524

Monroe Camp and Retreat Center Food Selection Form

Group Name: _____ Meal Date: _____

<u>No. Eating</u>	<u>Breakfast (Check One)</u>	<u>Meal Cost</u>	Breakfast Served at 8 AM
_____	_____	\$6	Eggs, Grits, Bacon or Sausage (Circle One), Biscuits or Toast (Circle One), Jelly, Juice-Milk-Coffee
_____	_____	\$6	Pancakes/Syrup, Bacon or Sausage (Circle One), Juice-Milk-Coffee
_____	_____	\$6	Ham or Sausage (Circle One) Biscuits, Hash Browns, Fruit, Juice-Coffee
_____	_____	\$6	Muffins (Blueberry-Banana), Bagels with topping or Danish (Circle One), Fruit, 2 Types of Juice, Coffee-Milk

<u>No. Eating</u>	<u>Lunch (Check One)</u>	<u>Meal Cost</u>	Lunch Served at Noon
_____	_____	\$8	Hamburgers/Lettuce & Tomatoes, French Fries or Chips (Circle One), Baked Beans, Dessert (Choose Below), Tea-Juice
_____	_____	\$8	Ham or Turkey (Circle One) Sandwiches (White or Wheat Bread), Vegetable Soup, Chips, Dessert (Choose Below), Tea-Juice
_____	_____	\$8	Steak Hoagies/Cheese, French Fries, Salad with Fixins, Dessert (Choose Below), Tea-Juice
_____	_____	\$8	Hot Dogs-Chili, French Fries, Baked Beans, Cole Slaw, Dessert (Choose Below), Tea-Juice
_____	_____	\$8	Potato Bar includes Baked Potato, All the Fixins and Complete Salad Bar, Dessert (Choose Below), Tea-Juice

<u>No. Eating</u>	<u>Dinner (Check One)</u>	<u>Meal Cost</u>	Dinner Served at 6 PM
_____	_____	\$10	Fried Chicken, Green Beans, Rice or Mashed Potatoes/Gravy (Circle One), Side Salad, Biscuits or Rolls (Circle One), Dessert (Choose Below), Tea-Juice
_____	_____	\$10	Hamburger Steak, Green Beans or English Peas (Circle One), Rice or Mashed Potatoes/Gravy (Circle One), Side Salad, Rolls, Dessert (Choose Below), Tea-Juice
_____	_____	\$10	Beef Stew, Boiled Potatoes and Carrots, Rice, Green Beans, Rolls, Dessert (Choose Below), Tea-Juice
_____	_____	\$10	Spaghetti/Meat Sauce, Salad with Fixins, French Bread, Dessert (Choose Below), Tea-Juice
_____	_____	\$10	Fried Porkchops, Boiled Whole Potatoes, Lima Beans or Field Peas (Circle One), Biscuits or Rolls (Circle One), Dessert (Choose Below), Tea-Juice

Lunch & Dinner Desserts (Check One for Each Meal)

- L:___ D:___ Fruit (Apples, Oranges, etc.)
 L:___ D:___ Cookies (Chocolate Chip, Oatmeal Raisin, etc.)
 L:___ D:___ Cake with Icing
 L:___ D:___ Brownies
 L:___ D:___ Cobblers
 L:___ D:___ Other _____

<u>Cost Calculation</u>	No. Eating	x	Meal Cost	=	Total Cost
Breakfast Cost	_____	x	_____	=	\$ _____
Lunch Cost	_____	x	_____	=	\$ _____
Supper Cost	_____	x	_____	=	\$ _____
			Total Cost for Day	\$	_____

NOTES:

- Special meals can be prepared by request only. These higher cost meals will be based on market prices.
Example: Steak (Cooked to order), Baked Potatoes or French Fries, Salad with Fixins, Rolls, Dessert, Drinks
 Please contact the Camp Registrar at the Camp Office to arrange any special meals.
- We do fix a very limited menu for vegetarians and prepare our food using vegetable oil.

Group Representative and Site Manager Signatures: (No substitutions are permitted once this signed form is received in the Presbytery Office.)

Authorized Group Representative: _____ Date: _____

Monroe Site Manager: _____ Date: _____