

# Camp Holy Wild

## Reservation Checklist

JUST A REMINDER:

**SEND IN AS SOON AS POSSIBLE TO RESERVE CAMP DATE:**

**Group Reservation Request Form**- this reserves camp grounds for group

**Deposit Check**- this reserves camp grounds for group (\$10 per estimated guests attending, make checks payable Camp Holy Wild)

**Acceptance of Policies Form**- this reserves camp grounds for group. Read Camp Policies (3 pages) completely before signing

You can also complete all three items online at [holywild.net/reservations](http://holywild.net/reservations)

**TURN IN AT LEAST 2 WEEKS PRIOR TO ARRIVAL:**

**Certificate of Insurance**- this names Camp Holy Wild as additional conditional insurance only

**Facility & Equipment Request Form**

**Detailed Schedule of Planned Activities**

**PREPARE TO BE TURNED IN TO CAMP REPRESENTATIVE UPON ARRIVAL:**

**Guest Registration Form**- 1 copy per camper and staff in attendance

**Tower Consent Form**- 1 copy per camper and staff who will be participating

**Schedule of Updated Planned Activities** (if applicable)

**Signed check with remaining balance owed** (make checks payable to Camp Holy Wild)

**DAMAGE DEPOSIT CHECK**- \$350.00 Fully Refundable Check (make checks payable to Camp Holy Wild)

# Camp Holy Wild

## Group Reservation Request Form

Also available online at [holywild.net/reservations](http://holywild.net/reservations)

**FOR OFFICE USE ONLY:**

Has the group been here before?	New Group	Return Group
Date of Inquiry: _____	Quote Only	Pending

Group Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person E-mail: \_\_\_\_\_

Estimated # of Guests: \_\_\_\_\_ Approximate Age of Group: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will your group be using the Tower? \_\_\_\_\_ Zipline \_\_\_\_\_ Giant Screamer Swing \_\_\_\_\_

Please indicate on the calendar below which nights the group will stay and which meals the group will require by checking the space that corresponds to the service

DATE	CHECK ALL THAT APPLY						
Monday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Tuesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Wednesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Thursday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Friday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Saturday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			
Sunday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____			

Special Comments: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Price Quoted:	Nights _____	Tower _____	Swing _____
	Meals _____	Per Camper _____	Initial _____

# Camp Holy Wild

## Camp Policies

**Most guests do not need rules and regulation. We believe that problems occur from thoughtlessness and ignorance rather than malicious intent. Our guidelines are reasonable and the policies are designed to protect all guests and to preserve our facilities. The goal of Camp Holy Wild is to help our guests enjoy their visit rather than to enforce rules and regulations. We require camp directors, group leaders, and/or sponsors to see that these few simple guidelines are followed.**

### GENERAL INFORMATION

- Camp directors, group leaders, and/or sponsors must provide the camp with a schedule for their planned activities two weeks prior to arrival
- All groups must notify the camp office upon arrival and provide the following:
  - A Guest Registration Form from every person in attendance
  - Names of those in your group designated as director, assistant director, and nurse/first aid person
  - An updated schedule (if applicable) of your planned activities or programming
  - A check/cash for the estimated cost of your camp less any reservation deposit (**Sorry, no refunds will be given for missed meals or early departures**)
  - A separate check/cash for damage deposit of \$350.00
  - Certificate of Insurance naming Camp Holy Wild as additionally insured
- There must be at least a 1:10 ratio for those staying in the same assigned room or facility, one (1) mature adult supervisor for each ten (10) campers
- Each camp should have a designated person in charge of first aid and camper medication, Camp Holy Wild does not provide these services. **In case of an accident or medical emergency 9-1-1 will be called**
- Vehicles must observe a ten (10) mph speed limit. Once vehicles enter camp property, they may not be used except for loading and unloading. If specific circumstances arise where a vehicle is required, please notify a camp administrator (**THIS IS STRICTLY ENFORCED**)
- Smoking is not permitted in any building

pg. 2 camp policies

#### ☐ **Fireworks and firearms are strictly forbidden**

- Shaving cream, water balloons, and water gun fights are not permitted in or near any buildings ☐ Pets are not allowed
- Campfires are prepared by Camp Holy Wild staff only unless otherwise discussed with camp administrators
- Guests are permitted only in those buildings assigned to their group
- Each group is expected to leave the facility as they find it—neat and clean. All garbage should be in garbage bags and be sure all toilets are flushed
- All groups and their guests are responsible for any damage and abuse of the property
- Please help us conserve energy by turning off lights and water when not in use. **Only camp staff** should set or change thermostats for heating and air conditioning
- Any illness or injury should be reported immediately to a camp staff

#### ☐ **Alcohol and non-prescription drugs are strictly forbidden**

- The Camp Administrators reserve the right to eject from the camp grounds any person or persons believed to be endangering the safety or other guests, or unduly causing distractions that interfere with the enjoyment of the other guests
- Please try to observe the 12:00 midnight curfew

### **BUILDINGS AND GROUNDS**

- Furniture and equipment should not be moved from any building without permission from the camp administrators
- All bunks are twin sized. No linens are furnished. Each person should bring linens, towels, soap, and other personal items
- Again, there should be no open food or eating in any part of the cabin. All eating of food should be either in the cafeteria or outside.
- There is **NO COOKING ALLOWED** in any of the cabins, including cabins that have kitchens

### **RESERVATIONS**

- Dates for camps, retreats, and day use must be arranged by phone or e-mail prior to sending a request form
- “Group Reservation Request Form”, “Acceptance of Policies Form”, and deposit checks must be received within ten (10) working days after reserving date to ensure reservation of dates requested
- A deposit for the designated amount is due from all groups and will be applied to payment of camp fees. **Cancellation notification must be made fourteen (14) days prior to camp arrival to receive refund ☐ For groups booking during June-August, half of the required deposit is non-refundable.**
- Payment of camp fees is due on arrival. Please make payment with one check for your entire group
- Exclusive use of the camp requires a commitment to pay for two-hundred (200) campers for camps and onehundred fifty (150) for retreats.
- There will be a minimum charge of forty (40) campers for any overnight groups (tent campers included)
- **Confirmation of the actual number attending must be made within five (5) business days prior to your camps arrival or a change in numbers will be non-refundable**

last revised 7/27/22

- Our “Guest Registration Form” is required for each member of your group

## CABIN USAGE

- All cabin assignments are given by Camp Administration and based on numbers of total campers.
- Large Chapel is reserved for groups 100 or more and Small Chapel is reserved for groups 40-100.

## FOOD SERVICE

- The meal schedule is as follows unless other arrangements have been made prior to arrival:
  - Breakfast 8:00am
  - Lunch 12:00pm
  - Dinner 5:30 pm
- Friday evening dinner will be served no later than 6:30pm
- No group may bring food or refreshments to sell during their camp or retreat; however, camps are welcome to use the snack bar to store and give out snacks.
- Day visitors meals require advance notice
- **SPECIAL DIETS** ○ Individuals with special diet requirements mandated by a doctor will be provided for. Please advise us of these needs two weeks **BEFORE** arrival
  - Special Note: Outside of our salad bar, we do not provide alternative meals for personal diets and preferences.

## RECREATION

- The Swimming Pool is available from May 1<sup>st</sup>-October 1<sup>st</sup>, weather permitting. The camp will provide lifeguards, and swimming is only permitted when they are on duty. All campers must obey lifeguards to maintain pool privileges. We will try to accommodate all groups in attendance. No swimming is allowed in fishing ponds or creek
- The maximum number of people inside the fenced pool area is forty (40)
- The American Red Cross requires a 1:20 ratio. One (1) lifeguard per twenty (20) swimmers in fenced pool area
- If your camp would like to provide a lifeguard of their own we must receive a copy of their lifeguard certification and driver’s license prior to arrival
- For any recreation other than swimming, shoes will be required
- Two (2) multi-use fields are available for rec games. Bats, balls, and bases are available or you may bring your own
- Fishing is allowed from stocked ponds. Equipment is not provided by Camp Holy Wild. **Catch and release only**
- Bonfires and hayrides are available if requested at time of reservation
- The Zipline and the Giant Screamer Swing are available for your enjoyment at a small fee of \$5.00 per person per element. All facilitators are certified in securing you in the harness and overseeing your safety. All elements are offered between 8:30am-12:00pm

**The goal of Camp Holy Wild is to provide a place for spiritual growth and development, for fellowship and recreation. Reservation requests from non-church groups will be considered on a case by case basis. Please contact the camp office if you have questions regarding your group. Thank you.**

# Camp Holy Wild

## Acceptance of Policies Form

I, \_\_\_\_\_ have read and agree to all the Camp Policies of Camp Holy Wild. I understand that these policies are to ensure the safety and enjoyment of all guests of Camp Holy Wild and will not deviate from these policies without the explicate permission of the staff of Camp Holy Wild. All of the campers in my charge are aware of these policies. I also understand that if any of these policies are violated it may result in the loss of privilege regarding this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# EXAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C, No): [REDACTED]	
	PHONE (A/C, No, Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]	
INSURED [REDACTED] LEGAC7	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	[REDACTED]	[REDACTED]
	INSURER B:	[REDACTED]	[REDACTED]
	INSURER C:	[REDACTED]	[REDACTED]
	INSURER D:	[REDACTED]	[REDACTED]
	INSURER E:	[REDACTED]	[REDACTED]
INSURER F:	[REDACTED]	[REDACTED]	

COVERAGES CERTIFICATE NUMBER: 632601856 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		[REDACTED]	7/6/2010	7/6/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		[REDACTED]	7/6/2010	7/6/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		[REDACTED]	7/6/2010	7/6/2011	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Re: 22152 Baptist Encampment Rd., New Caney, TX  
General liability includes the certificate holder as additional insured.

<b>CERTIFICATE HOLDER</b>  Camp Holy Wild 22152 Baptist Encampment Rd. New Caney TX 77357	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

# Camp Holy Wild

## Facility & Equipment Request Form

If you need any of the following facilities or services, please indicate by writing the date and time in the space provided below. If you are unsure of the date and time, simply check the space and let us know the dates and times as soon as possible.

**\*\*Assignments will be on a first come first serve basis.\*\***

### RECREATION/ACTIVITY FACILITIES:

DATE:

TIME:

Basketball Courts (4)  
Volleyball Courts (2)  
Large Multi-Use Field  
Small Multi-Use Field  
Catch & Release Pond  
Swimming Pool  
Bonfires (3)  
Snack Bar

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### MEETING SPACES:

DATE:

TIME:

Camp Chapel  
4H Ranch House  
Cabin 12 Meeting Room  
Covered Pavilion

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The above activities are all included with camp registration. For a small fee we also have "The Tower"

**HIGH ELEMENTS TOWER:** Offered between 8:30am-Noon (Average 30 people an hour)

Zipline  
Giant Screamer Swing

\$5.00  
\$5.00

DATE:

TIME:

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# Camp Holy Wild

## Guest Registration Form

### Personal Information

Name of Group: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: M or F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Health Record

(all blanks must be filled in)

1. Any known allergies? \_\_\_\_\_
2. Allergic to any medications? \_\_\_\_\_
3. Any physical disabilities or limitations? \_\_\_\_\_
4. Any recent illness or injury? \_\_\_\_\_
5. Date of last tetanus shot? \_\_\_\_\_
6. Emergency Contact? \_\_\_\_\_ Phone: \_\_\_\_\_
7. Name of physician? \_\_\_\_\_ Office Phone: \_\_\_\_\_
8. Insurance Company? \_\_\_\_\_ Case/Group #: \_\_\_\_\_
9. Name of Insured? \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Release

I, \_\_\_\_\_ as myself or a parent/guardian of \_\_\_\_\_  
release Camp Holy Wild, its agents, and employees from any claims or causes of action arising from or  
connected with attendance at Camp Holy Wild, New Caney, Texas. .

“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”  
I further agree that Camp Holy Wild, its agents, and employees are authorized to provide such medical care  
as may be necessary in their judgment during attendance at Camp Holy Wild.

Camper/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Media Release

(permission for photo/video)

I understand that as a participant at Camp Holy Wild, I or my child may be photographed or videotaped  
during normal activities and these photos/videos may be used in promotional materials including but not  
limited to Camp Holy Wild's website, printed materials, and Facebook.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Holy Wild

## Adult Tower Consent/Liability Form

**Please read this form and sign it so that YOU may participate in zipline, giant screamer swing, and rockwall activities. Since many campers decide to sign up for this activity after arriving at camp, we ask that you fill out this form in advance to eliminate to need for signing paperwork after arrival.**

I am aware and understand that participating in the zipline, giant screamer swing, and/or rock climbing activities involves a potential risk of physical injury, and I fully understand that the activities are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my participation and for my physical and emotional well-being. I am aware and understand that all of the activities are strictly voluntary, and after due consideration of my physical health, physical abilities, and medical condition, it is my own choice to participate in each activity to whatever degree I deem appropriate. I will willingly and knowingly accept liability for all risks of physical injury and/or emotional upset which may occur during or after participating in any aspect associated with such activities on behalf of myself, my heirs, family members, executors, and administrators and I hereby agree to hold Holy Wild Ministries, Inc., its employees, its instructors, facilitators, and agents harmless from any liability arising out of my participation in said activities.

Should Holy Wild Ministries, Inc. or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Holy Wild Ministries, Inc. harmless for all such fees and costs.

I have had sufficient opportunity to read this entire document. I have read and understand it and I agree to be bound by its terms.

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(Participant Signature)

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(Date)

**YOU MAY REPRODUCE THIS FORM AS NECESSARY (ONE  
FOR EACH PARTICIPANT)**

last updated 1/28/2014

# Camp Holy Wild

## Child Tower Consent/Liability Form

**Please read this form and sign it so that your camper(s) may participate in the zipline, giant screamer swing, and rockwall activities. Since many campers decide to sign up for this activity after arriving at camp, please fill out this form before sending your child to camp to ensure that your camper(s) may participate.**

I am aware and understand that participating in the zipline, giant screamer swing, and or rock climbing activities involves a potential risk of physical injury, and I fully understand that the activities are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my child(ren)'s participation and for my child(ren)'s physical and emotional wellbeing. I am aware and understand that all of the activities are strictly voluntary, and after due consideration of my child(ren)'s physical health, physical abilities, and medical condition, it is my own choice and that of my child(ren) to participate in each activity to whatever degree I deem appropriate. I willingly and knowingly accept liability for all risks of physical injury and/or emotional upset which may occur during or after participating in any aspect associated with such activities on behalf of my child(ren), myself, my heirs, family members, executors, and administrators and I hereby agree to hold Holy Wild Ministries, Inc., its employees, its instructors, facilitators, and agents harmless from any liability arising out of my child(ren)'s participation in said activities. ***“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”***

Should Holy Wild Ministries, Inc. or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Holy Wild Ministries, Inc. harmless for all such fees and costs. . ***“except to the extent that they are caused by the negligence of Camp Holy Wild, its agents and employees.”***

I have had sufficient opportunity to read this entire document. I have read and understand it and I agree to be bound by its terms.

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(Name of Child) (Date)

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(Parent/Guardian Signature) (Date)

YOU MAY REPRODUCE THIS FORM AS NECESSARY **(ONE FOR EACH PARTICIPANT)**

# Camp Holy Wild

## Pricing List

A reservation deposit of \$10 per person (\$400 minimum) of expected attendance is required for confirmed reservations.

40 person minimum for groups staying on property alone. If group would like to bring less than 40 people they will still be charged starting at the 40 person minimum.

**\*\*Deposits are refunded ONLY IF cancellation is made 14 business days before camp arrival date.\*\***

Day Retreat- \$12 per person (meals extra)  
Tent Camping- \$15 per person (meals extra)  
Cabin Rental: \$35 per person/per night (40 min)  
Food Cost: \$8 per person/per meal

Nights	Meals	2014
1	0	\$35.00
1	1	\$43.00
1	2	\$51.00
1	3	\$59.00
1	4	\$67.00
2	3	\$94.00
2	4	\$102.00
2	5	\$110.00
2	6	\$118.00
3	7	\$161.00
3	8	\$169.00
3	9	\$177.00
4	11	\$228.00
5	14	\$287.00
6	17	\$346.00
7	20	\$405.00

The above rates include registration fee and emergency accident insurance (insurance is secondary and will pay only if no other insurance is available).

**A DAMAGE DEPOSIT of \$350 is required for each camp and includes all facilities. Deposit is due upon arrival to camp and will be refunded if inspection reveals that no damage has occurred to buildings, grounds, or equipment.**

## Camp Holy Wild

### Example of Camp Menu

	Date	Date	Date	Date	Date	Date	Date
# ppl	50	145	205	205	205	205	
B R K F T	French Toast Sausage Patties Scrambled Eggs  Coffee/Milk OJ/Apple Juice	Muffins/Pastries Scrambled Eggs Smokies Mandarin Oranges  Coffee/Milk OJ/Apple Juice	Biscuits & Gravy Scrambled Eggs Bacon Tator Tots  Coffee/Milk OJ/Apple Juice	Pancakes Sausage Patties Peaches  Coffee/Milk OJ/Apple Juice	Biscuits & Gravy Scrambled Eggs Canadian Bacon  Coffee/Milk OJ/Apple Juice	Cinnamon Rolls Cereal Fruit Yogurt  Coffee/Milk OJ/Apple Juice	NO CAMP
# ppl	50	145	205	205	205	205	
L U N C H	Chili & Cheese Dogs Chips Baked Beans Apples & Oranges  Sweet Tea Lemonade	BBQ Potatoes Salad Bar Fruit Sherbert  Tea/Sweet Tea Lemonade/Punch	Ham,Turkey,Cheese on Croissants Lettuce, Tom, Pickles Chips Watermelon Tea/Sweet Tea Lemonade/Punch	Taco Bowls Lettuce, Tom, Cheese Refried Beans & Rice Jell-O  Tea/Sweet Tea Lemonade/Punch	Cheese Burgers Lettuce, Tom, Pickles French Fries Pudding  Tea/Sweet Tea Lemonade/Punch	Chicken Strips French Fries Gravy Texas Toast Salad Bar Left over Dessert Tea/Sweet Tea Lemonade/Punch	NO CAMP
# ppl	145	205	205	205	205		
D I N N E R	Lasagna Corn Garlic Toast Salad Bar Dessert  Tea/Sweet Tea Lemonade	Grilled Chicken Rice Green Beans Rolls Salad Bar  Tea/Sweet Tea Lemonade/Punch	Pizza Salad Bar Fruit Ice Cream  Tea/Sweet Tea Lemonade/Punch	BBQ Sausage Potato Salad White Bread Ranch Style Beans Brownies  Tea/Sweet Tea Lemonade/Punch	Pork Chops M. Potatoes & Gravy Black Eyed Peas Corn Bread Salad Bar Cookies Tea/Sweet Tea Lemonade/Punch	NO CAMP	NO CAMP

#### Special Requests

\*\*Special Note: This is a sample menu and does not reflect exact menu items for your visit.\*\*

# Camp Holy Wild

## Cabin Bed Count

<b>Cabin</b>	<b>Toilets</b>	<b>Right Side Beds</b>	<b>Left Side Beds</b>	<b>Total Beds</b>
<b>4</b>	5	18	12	30
<b>5</b>	4 (2 handicapped)	20	20	40
<b>6</b>	4	18	18	36
<b>8</b>	6	20	20	40
<b>10</b>	4	16	16	32
<b>11</b>	5	16	17	33
<b>12</b>	7	0	36	36
<b>Total Beds = 241</b>				

Last revised 4/10/18

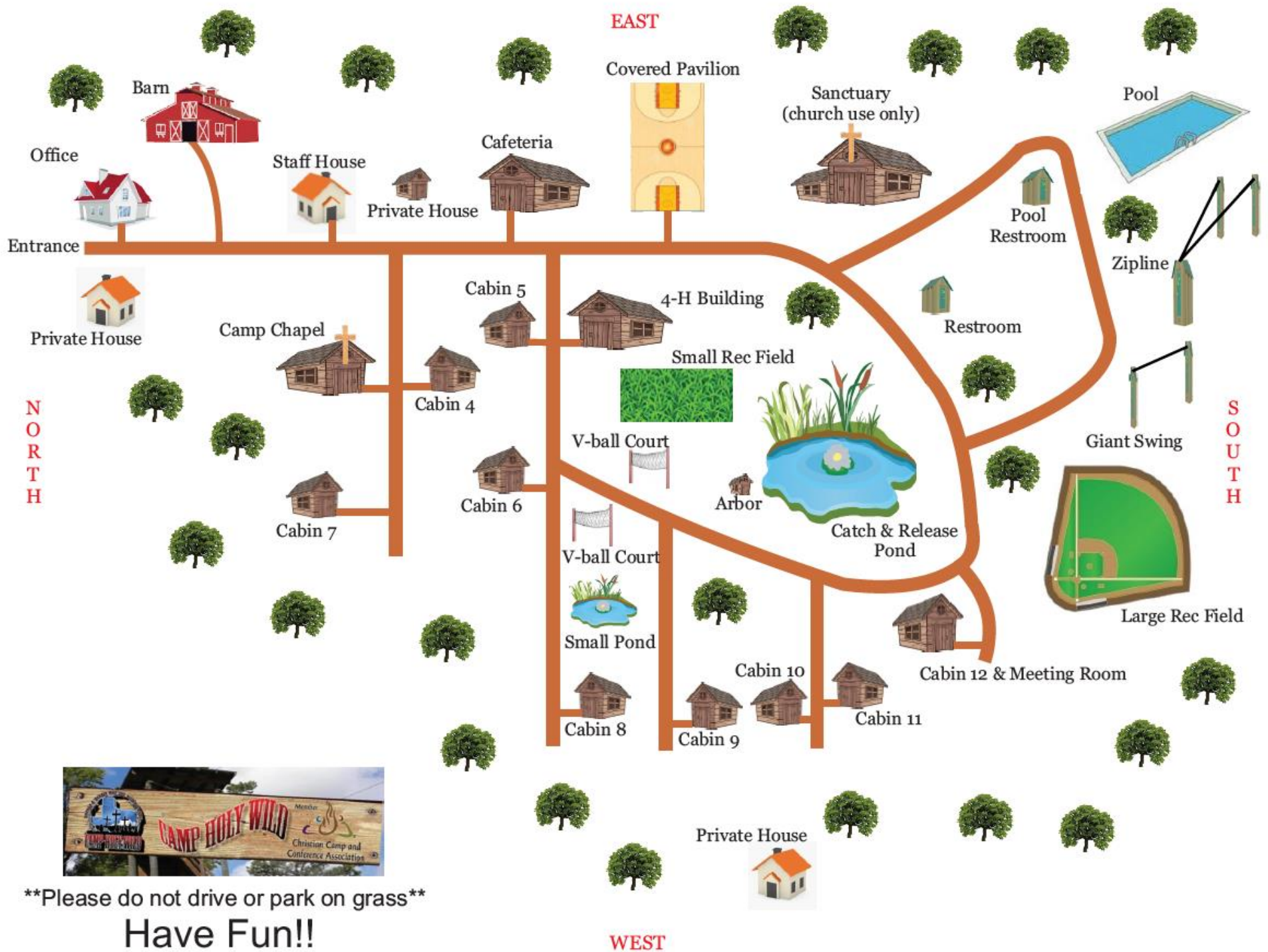
# WEST



22152 Baptist Encampment Dr.  
 New Caney, Texas 77357  
 281-354-8927

From 494 go East on 1485 over the RR tracks Pass 2 bridges  
 Turn at the Exxon Station onto Baptist Encampment Rd  
 Follow signs.





**\*\*Please do not drive or park on grass\*\***

**Have Fun!!**