

Reservation Checklist

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 to Camp Holy Wild)

Acceptance of Policies Form: this reserves camp grounds for group. Read camp polies (3 pages) completely before signing.

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 Fully refundable check (make checks payable to Camp Holy Wild)

Group Reservation Request Form

	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:	Phor	ne:
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 Commen	nts:								

		FOR OFFICE USE ONLY:	
Price Quoted:	Nights	Tower	Swing
	Meals	Per Camper	Initial

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
- All camp employees are assigned specific responsibilities. If you need assistance, please contact the camp administrator. Phone number will be provided before arriving to camp.
- Mail (Incoming) should be addressed as follows:
 - Name of Recipient/Group
 - Camp Holy Wild
 - 22152 Baptist Encampment Rd.
 - New Caney, TX 77357
- Mail (Outgoing), properly stamped and placed in the outgoing mailbox located in the cafeteria (will be mailed daily)
- Messages for recipient/group will be handled on a "call-back" basis
- Name and number for "call-back" will be taken and dispatched to camp director/leader
- 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.
- 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
- Our "Guest Registration Form" is required for each member of your group

pg. 3 camp policies

FOOD SERVICE

- The meal schedule is as follows unless other arrangements have been made prior to arrival:
 - Breakfast 8:00am
 - o Lunch 12:00pm
 - o Dinner 5:00 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
- Day visitors meals require advance notice
- The Snack Bar is available upon request at time of reservation
- WE DO NOT ACCOMMODATE SPECIAL DIETS; HOWEVER, camps are welcome to use the snack bar for special diets. Snack bar includes refrigerator, microwave, and microwave oven. Salad bar is also open during lunch and dinners.

RECREATION

- The Swimming Pool is available from May 1st-October 1st, 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.
- 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
- There are nature trails throughout our 110 acres to hike. Lake Houston Park adjoins the camp and has over six miles of surfaced hiking trails
- 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.

Acceptance of Policies Form

Please return with Reservation Request Form & Deposit Check

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 priviledge regarding this policy.

Signature: _____

Date: _____

40	ORD [®] CER	TIFICA	TE OF LIA	BILITY IN	ISURA	NCE	DATE (MM/DD/YYYY 11/17/2010
CER BEL REP	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVELY OR N SURANCE DO ND THE CER	IEGATIVELY AMEND, DES NOT CONSTITUT TIFICATE HOLDER.	EXTEND OR ALT	BETWEEN	VERAGE AFFORDED THE ISSUING INSUREI	BY THE POLICIE R(S), AUTHORIZE
the t	ORTANT: If the certificate holder i erms and conditions of the policy	, certain poli					
RODUC	ficate holder in lieu of such endor ER	sement(s).		CONTACT NAME: PHONE (A/C, No, Ext E-MAIL ADDRESS:S		FAX (A/C, No	
and the				IN	SURER(S) AFFO		NAIC #
SURED				INSURER A			
-	THE PARTY AND A THE	LEGAC7		INSURER B :			
				INSURER D :	1 .1. 1 .		
				INSURER E :			
				INSURER F :			
OVE	RAGES CEF	RTIFICATE N	UMBER: 632601856			REVISION NUMBER:	
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIREMENT, PERTAIN, THI POLICIES. LIN	TERM OR CONDITION	OF ANY CONTRACT D BY THE POLICIE BEEN REDUCED BY	OR OTHER	DOCUMENT WITH RESPI	ECT TO WHICH TH
SR R	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS
-	NERAL LIABILITY			7/6/2010	7/6/2011	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
x	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR	-				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
-						GENERAL AGGREGATE	\$2,000,000
GE	N'L AGGREGATE LIMIT APPLIES PER				-	PRODUCTS - COMP/OP AGG	\$2,000,000 \$
A1	POLICY JECT LOC	-		7/6/2010	7/0/2021	COMBINED SINGLE LIMIT	
AU				//6/2010	7/6/2011	(Ea accident) BODILY INJURY (Per person)	\$1,000,000 \$
-	ANY AUTO ALL OWNED X SCHEDULED					BODILY INJURY (Per accident	
x	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	s
-	HIRED AUTOS					(Per accident)	5
-	UMBRELLA LIAB X OCCUR		All Press, and	7/6/2010	7/6/2011	EACH OCCURRENCE	\$1,000,000
-	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$1,000,000
	DED X RETENTION \$10,000						s
	ORKERS COMPENSATION					WC STATU- TORY LIMITS ER	
AN	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s
(M	FICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYE	E \$
If y DE	es, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s
SCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	IFS (Attach ACC	RD 101 Additional Demote	chedule if more space i	s neculead)		
	22152 Baptist Encampment			ichedule, if more space is	s required)		
	al liability includes th			additional in	sured.		
						1	2.80
ERTI	FICATE HOLDER			CANCELLATION			
	Camp Holy Wild 22152 Baptist Encam New Caney TX 77357	pment Rd.			N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.	
	sion onnog an riddi			AUTHORIZED REPRESE	NTATINT		
				ALLING DEDECC	NITATIVE		
			<i></i>	AUTHORICED REPRESE		$\land \land$	÷

.

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 FACILITIE	S:	DATE:	TIME:
Basketball Courts (4)			
Volleyball Courts (2)			
Large Multi-Use Field			
Small Multi-Use Field			
Catch & Release Pond			
Nature Trails			
Swimming Pool			
Bonfires (3)			
Snack Bar			
MEETING SPACES:		DATE:	TIME:
Camp Chapel			
4H Ranch House			
Cabin 12 Meeting Room			
Covered Pavilion			
SPECIAL OPTIONS:		DATE:	
Snack Bar Space			
The above activities are all in	cluded with can	np registration. For a small fee	e we also have "The Tower"
HIGH ELEMENTS TOWER:	Offered betv	ween 8:30am-Noon (Average	35 people an hour)
		DATE:	TIME:
Zipline	\$5.00		
Giant Screamer Swing	\$5.00		

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?				
	tations?			
	C			
9. Name of Insured?		Phone:		
	Medical Release			
l,	as myself or a parent/guard	dian of		
connected with attendance at Ca "except to the extent that they a I further agree that Camp Holy W	ts, and employees from any claims or mp Holy Wild, New Caney, Texas are caused by the negligence of Cam ild, its agents, and employees are au ment during attendance at Camp Ho	p Holy Wild, its agents thorized to provide su	and employees."	
Camper/Guardian Signature:		Date		
	Media Release			
	(permission for photo/video)			
during normal activities and these	at Camp Holy Wild, I or my child ma e photos/videos may be used in pron site, printed materials, and Facebook	notional materials inc		
Camper Signature:		Date	:	
Cuandian Cignatures		Data		

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.

(Participant Signature)

(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.

(Name of Child)

(Date)

(Parent/Guardian Signature)

(Date)

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

last updated 02/05/2015 pk

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- \$10 per person (meals extra) Tent Camping- \$12 per person (meals extra) **group must have a minimum of 40 people in order for the cafeteria to be open for meals**

Nights	Meals	2014
1	0	\$28.00
1	1	\$36.00
1	2	\$44.00
1	3	\$52.00
1	4	\$60.00
2	3	\$80.00
2	4	\$88.00
2	5	\$96.00
2	6	\$104.00
3	7	\$140.00
3	8	\$148.00
3	9	\$156.00
4	11	\$200.00
5	14	\$252.00
6	17	\$304.00
7	20	\$356.00

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.

Example of Camp Menu

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

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

Cabin Bed Count

Cabin	Toilets	Right Side Beds	Left Side Beds	Total Beds		
4	5	18	10	28		
5	4 (2 handicapped)	20	20	40		
6	4	18	18	36		
8	6	20	20	40		
10	4	16	16	32		
11	5	16	17	33		
12	7	0	36	36		
Total Beds = 245						



