

# South Missouri Baptist Assembly

P.O. Box 513, Van Buren, MO 63965

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## FACILITIES USE AGREEMENT

(SMBA Member Churches)

Completion of this document is important. It contains the full extent of the agreement between South Missouri Baptist Assembly (SMBA) and the user, and must be signed by an authorized representative of the user. Your reservations for the use of the facilities are not confirmed until this contract is signed and returned with the proper deposit, and accepted by the Camp Manager.

Initial Contact Date: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_  
(No refund if event is canceled within 24 hours of check-in time)

Name of Organization: \_\_\_\_\_

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

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

Authorized Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Number Attending: \_\_\_\_\_

### LODGING

(Guests must provide their own linens.)

#### DORMITORY LODGING

\_\_\_\_ Inspiration Lodge (6 dorms x 23 beds = 138)      \_\_\_\_ Riverview Lodge (4 dorms x 18 beds = 72)  
Above Dorms @ \$80 per room per night

\_\_\_\_ Linda Baker (2 dorms x 10 beds = 20)  
Above Cabin @ \$80 per night

#### HOMESTYLE LODGING

\_\_\_\_ Staff Cabin (sleeps 6 in 3 bedrooms)      \_\_\_\_ First Aid (sleeps 6 in 2 bedrooms)

\_\_\_\_ West Plains (sleeps 8 in 2 bedrooms)  
Above Cabins are \$80 per cabin per night.

**FACILITIES**

- Inspiration Lodge Conference Room w/Kitchen - \$80 per day
- Dining Hall Building, (including Kitchen, Cafeteria Classroom and Restrooms)  
- \$100 per day or \$125 per Retreat
- Swimming Pool, Pavilion, Barbecue Grill - \$80 per day or \$100 per Retreat

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- River Bottom Game Room
- Open Air Tabernacle
- Prayer Garden Vespers Area
- Classroom Building
- Inspiration Point Vespers Area
- Mini-Golf Course

Charges for above facilities are variable, dependent on total balance of other facilities used.

Would you like a campfire? Yes  No  Date: \_\_\_\_\_ Time: \_\_\_\_\_

**MEALS REQUESTED**

		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Breakfast	\$4/person	_____	_____	_____	_____	_____	_____	_____
Lunch	\$5/person	_____	_____	_____	_____	_____	_____	_____
Supper	\$6/person	_____	_____	_____	_____	_____	_____	_____

Any other special requirements? (Please list below)

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**COST FOR THE ABOVE MEALS AND LODGING IS \$ \_\_\_\_\_ .**

**NO PETS ARE ALLOWED.**

**NOTIFICATION:** On or before \_\_\_\_\_, you must inform SMBA of your anticipated count. If the count varies, the user group agrees to pay for any meals prepared. Adjustments will be made after the first meal.

**MEETING ROOMS:** A meeting room will be provided for your group. Additional rooms, if available, will require additional fees.

**CANCELLATION:** This agreement can be canceled up to *thirty* (30) days prior to the scheduled date, with a full refund. Cancellations closer that 30 days will receive a partial refund, dependent on proximity to the event date. No refunds will be given for cancellations within 24 hours of check-in time.

**AGREEMENT:** I, (print name) \_\_\_\_\_, certify that I am authorized to sign this agreement on behalf of the above mentioned user group. I have received and read a copy of the camp policies, and our group promises to abide by the rules and policies of SMBA. I understand full payment is due on arrival at camp unless prior arrangements have been made.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTED BY SMBA: \_\_\_\_\_ DATE: \_\_\_\_\_