



FAMILY CAMP RESERVATION REQUEST

Family / Group Name: _____

Church & City, State _____

Group Type: Church Family Reunion Boy Scouts Girl Scouts Other _____

RESERVATION POLICY: All fees for the reserved period must be paid 14 days prior to arrival. A valid credit card or payment in full is required to hold a reservation. We accept Visa, MasterCard, Discover or AMEX. In lieu of a valid credit card, reservations will be held for a maximum of seven days pending receipt of payment in full for the reserved period by check or money order.

DEPOSIT: A non-refundable deposit of one night's stay is required to hold a campsite or cabin reservation.

BALANCE PAYMENT: Any balance due as of 14 days prior to the first date of your reservation will be charged to your credit card. If payment in full has not been received by that date and no valid credit card is on file, your reservation will be cancelled for all nights, your deposit will be forfeited, and the site or cabin will be made available for rental.

CANCELLATION: In the event of cancellation, 14 days written notice must be given or all fees will be forfeited. Deposits are non-refundable.

WEEKENDS: Weekends require a 2 night minimum stay.

HOLIDAY WEEKENDS: Holiday weekends require a 3 night minimum stay with entire camping fee due at time of reservation.

Holiday weekends for the 2008 season include: Memorial Day (May 25-28), Independence Day (July 3-6) Labor Day (Aug 31-Sept 3)

Desired Date of Arrival ___/___/___ Date of Departure ___/___/___ # Adults _____ # Children: _____

Have you ever been to Walcamp Outdoor Ministries before? YES NO

Type of Site or Accommodation desired: TENT(no hookups) RV Site with Water & Electric ONE-ROOM CABIN

Type of camping equipment: Tent Pop-up Travel Trailer Fifth Wheel Motor home Other _____

Please indicate any preferences: _____

2008 Fees

Type	Rate	# sites	Deposit \$	# nights	Total \$
RV Site - 30amp	\$ 23	X _____ sites =	\$ _____	X _____ nights =	\$ _____
RV Site - 30amp Holiday	\$ 70	X _____ sites =	\$ _____	X _____ nights =	\$ _____
RV Site - 50amp	\$ 25	X _____ sites =	\$ _____	X _____ nights =	\$ _____
RV Site - 50amp Holiday	\$ 75	X _____ sites =	\$ _____	X _____ nights =	\$ _____
Tent Site	\$ 20	X _____ sites =	\$ _____	X _____ nights =	\$ _____
Cabin	\$ 40	X _____ cabins =	\$ _____	X _____ nights =	\$ _____
Cabin Holiday	\$120	X _____ cabins =	\$ _____	X _____ nights =	\$ _____
		Total Deposit	\$ _____	Total	\$ _____
				Less Deposit	\$ _____
				Balance Due	\$ _____

Contact / Billing Information:

Name: _____ Day Phone: _____

Address: _____ Alternate Phone: _____

City, State, and ZIP: _____ Fax: _____

Email address: _____

Please fax this form to Fax: 815-784-5141

Or mail to: Address: 32653 Five Points Rd, Kingston, IL 60145

We will contact you to confirm availability and make arrangements for payment.