Office Use Only	
eposit Received:	

NEICSC Facility Reservation Request and Agreement

NEICSC Facility Reservation Request an	u Agreement	Date:				
Name of person or organization request	ing use of facilities:					
Please state whether you are a: ☐ Supporting Church Member ☐ Church-Sponsored Ministry ☐ Non-Member ☐ Non-Member Group/Organization						
Contact Information:						
Address:						
Phone Number:						
Email Address:						
Please list the organization's website, if any:						
Please list the name of the person respo	onsible for camp use:					
Please check which camp facilities you ar	re requesting to use:					
Dining Hall/Kitchen	Dorm/basement	Discipleship Center				
Chapel Inn*	Deans Cabin	Cooks Cabin				
Family Dorm	Rec room/multi-purpose bldg.					
ENTIRE CAMP (* Chapel Inn \$250 1 st day, \$175 each additional day)						
RV hookups (\$ 15 First day, \$ 10 each day after)						

If you are requesting use of the camp's facilities for a wedding and/or wedding reception, please list the names and contact information of the bride and groom:

Bride:			_
Groom:			

___ Grill (\$25 per use)

DATES REQUESTING: ____

___ Ice Cream Machine (\$25 per day)

____ Meals (\$8 per person per meal, minimum of 20 people)

____ Zipline (\$7 per person per hour, minimum of 20 people)

wedding:
Please describe the marriage preparation counseling or training undertaken by the bride and groom:
I affirm that:
1. I understand that the NEICSC does not allow its facilities to be used in a way that contradicts its faith or by persons or groups holding beliefs that contradict the NEICSC's faith.
2. To the best of my knowledge the purpose for which I am requesting use of NEICSC facilities will not contradict the camp's faith, and I commit to promptly disclose any potential conflict of which I am aware or become aware to NEICSC's director or an Executive Board trustee.
3. I am not aware of any beliefs that are professed by me or the organization I represent, and which is requesting use of the NEICSC's facilities that contradict the beliefs of the camp. I agree to promptly disclose any potential conflicts in belief to NEICSC's Director or an Executive Board trustee.
4. I understand that I will need to provide a security deposit in the amount of \$100 and any other fees required by NEICSC.
5. I understand that the NEICSC does not allow its facilities to be generally available to the public, and that my use of these facilities is subject to the director's approval, which is conditioned in part on my agreement to the requirements in the "NEICSC Facility Use Policy," a copy of which I have read and understood.
6. I understand that I will be responsible for any damages to the camp facilities resulting from this proposed use of facilities. (NOTE : There will be a \$50 cleaning charge for any stain/gum on the carpet in the Discipleship Center. There will be a \$150 charge if the stained area has to be replaced) There will be charge of \$25 per hour for additional cleaning.
7. CHECK-IN TIME: 3:00 PM CHECK-OUT: 11:00AM . Any different times need to be prearranged with the Director.
8. The NEICSC believes disputes are to be worked out between parties without recourse to the courts. (See, generally, Matthew Chapter 18 and 1 Corinthians Chapter 6. Accordingly, users of the facility agree to attempt resolution of any disputes through Christian mediation)
Name: Date:

Please list the name, contact information, and religious affiliation of the person officiating the