

**RESERVATION APPLICATION
SAINTS GROVE CAMPGROUND**

Return to:

SAINTS GROVE CAMPGROUND
408 N. WEST POINT ROAD
GLENCOE, OK 74032

Owned and Operated by
Community of Christ
Oklahoma Mission Center

Date: _____

Name of Group: _____

Event Coordinator/Director: _____

Mailing Address: _____

Street Number Street Name City State Zip Code

Phone Number (include area code): _____

Office/Home Cell

Email Address: _____

Dates Requested: (1st Choice) Begin _____ End _____

(2nd Choice) Begin _____ End _____

Expected Arrival Time: _____ Expected Departure Time: _____

Type of Function (Family reunion, wedding, youth camp, etc.) _____

Estimated Number of People: Adults: _____ Children/Youth: _____



Please check "Yes" or "No" regarding what you are including with your reservation application:

	Yes	No
User deposit (\$250)	_____	_____
Lifeguard certification	_____	_____
Needed Facilities Sheet	_____	_____
Statement of Insurance	_____	_____

NOTE: Neither the Community of Christ nor the Oklahoma Campground Association (OCA) provides Accident or Health Insurance for those contracting to use the Saints Grove Campground facilities. Non-Community of Christ users **MUST** provide proof of \$1,000,000 Liability Insurance Coverage.

FACILITIES REQUESTED

MONTAGUE HALL

NOTE: This is a dorm-like facility with 24 separate rooms, each with a bath and two bunk beds (four individual beds). WE can accommodate 96 people in this facility. There is also a large dining hall, a kitchen, and an assembly hall with a fireplace within the building.

Please check (X) the facilities you will be needing:

_____ Dining Hall _____ Kitchen

_____ Assembly Hall _____ Number of Rooms _____

Outside cabins, shower house, pool, activity center, pond, and classrooms

NOTE: We have eight 8 –person cabins, six 6-person cabins, six classrooms, and activity center (gym), a nursery facility, and a pond for fishing (no swimming).

Please check (X) the facilities you will be needing:

Number of 6-person cabins: _____

Number of 8-person cabins: _____

Number of classrooms: _____

_____ Swimming Pool (Seasonal; Lifeguard required)

_____ Shower House

_____ Activity Center

_____ Nursery

_____ Pond Area

IMPORTANT NOTE: All areas that you contract for must be cleaned according to the procedures posted in each area. Each event coordinator/director must assign a person to ensure the clean-up chores are accomplished prior to check-out.

I have read all the information that has been provided, and agree to abide by the terms and conditions stated and to pay the stated fees.

Signature, Event Coordinator/Director

Date

