

# APPLICATION FOR RESERVING CAMP PENN

Susquehanna Conference of The United Methodist Church

303 Mulberry Drive, Suite 600, P.O. Box 2053

Mechanicsburg, PA 17055-2053

Phones: 1-800-874-8474 717-766-7441

Email: [camps@susumc.org](mailto:camps@susumc.org)

CAMP PENN phone: 717-762-2693; email: [campenn@susumc.org](mailto:campenn@susumc.org)

_____ % Discount if Applicable	<i>(This space for office use only)</i>		
_____ Deposit Amount	Check # _____	Date Received _____	_____
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**IMPORTANT:** Before completing the information below, read all the information on the Rate Schedule to assure your knowledge of the current fees and details relating to the facilities you're reserving. Return your **completed** (fill-in **both** sides) application with the required deposit fee as prescribed on the Rate Schedule. Make checks payable to: **Susquehanna Conference**. Requested dates will be held no longer than fifteen (15) days after the application has either been mailed from, or picked-up at the Camping Office.

Name of church or group \_\_\_\_\_

Person filling out this form \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Is your group a church or agency of the Susquehanna Conference? \_\_\_Yes \_\_\_No

Dates being reserved--Month: \_\_\_\_\_ Day(s): \_\_\_\_\_ Year: \_\_\_\_\_

Time of Arrival \_\_\_\_\_ a.m. p.m. Time of Depart \_\_\_\_\_ a.m. p.m.

Approximate number of participants (including leaders) \_\_\_\_\_

**Total Deposit Amount Due:** \$ \_\_\_\_\_ (the amount deposited will be reflected on your bill at the end of your event.)

**Duration of Stay** (Check only one which applies to your group being on site)

- ( ) Half-day use (1-4 hours) ( ) Single overnight  
( ) Full day use (5-8 hours) ( ) Multiple overnights

**Facilities Being Reserved** (check as many as apply)

**Lodges:** (specify the number of lodges being requested) \_\_\_\_\_

- ( ) Willow/Spruce (male lodging) 44 beds ( ) Hemlock/Locust (male or female lodging) 44 beds  
( ) Pine/Poplar (female lodging) 44 beds ( ) Oak/Maple (female lodging) 44 beds

( ) Pavilion

- ( ) Kitchen ( ) Dining Room ( ) Chapel (indoor)  
( ) Recreation Hall ( ) Canteen Building

**Meals**

Do you wish any meals to be prepared for you by the camp cook? \_\_\_ Yes \_\_\_ No

If yes, check (✓) below the meals you're requesting (B = Breakfast; L = Lunch; D = Dinner; S = Snack)

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
___ B	___ B	___ B	___ B	___ B	___ B	___ B
___ L	___ L	___ L	___ L	___ L	___ L	___ L
___ D	___ D	___ D	___ D	___ D	___ D	___ D
___ S	___ S	___ S	___ S	___ S	___ S	___ S

Check below which PACKAGE your group desires, if not using a la carte pricing:

PACKAGE A \_\_\_ PACKAGE B \_\_\_ PACKAGE C \_\_\_ PACKAGE D \_\_\_

***The minimum charge for meals will be the number you communicate to the Site Director two weeks prior to your scheduled arrival. Guests dining in excess of the number indicated will billed at the current meal rates.***

Groups using the kitchen facilities at Camp Penn are solely responsible for providing safe and properly prepared food by following "ServSafe" guidelines of the Department of Agriculture. In addition, special attention must be given to sterilization, storage of food and maintaining the proper temperatures of refrigerated and/or cooked items. Information regarding safe food handling can be obtained from our camping website at [www.susumcamps.org/camp-penn](http://www.susumcamps.org/camp-penn)

***Any group that provides their own food service for an event longer than 3 days is required (by law) to contact the PA Dept of Ag Bureau of Food Safety to obtain a temporary food license.***

**Insurance**

Agencies and churches of the Susquehanna Conference are covered under the Conference insurance plan. Groups incorporated but not related to the Susquehanna Conference of The United Methodist Church are required to submit to the Camping Office a *Certificate of Insurance* prior to their arrival at the site. Non-incorporated groups are hereby notified that any individual claim for accidents, illness or dental is the sole responsibility of the individual, and will need to be submitted for payment to his/her personal health insurance.

Groups using these facilities will be expected to follow the Safe Sanctuaries Child Protection Policies which include:

- ✓ Two adult rule;
- ✓ No children unsupervised;
- ✓ All activities will occur in open view,
- ✓ Supervision shall be 18 years of age and at least 5 years older than oldest child or youth participant,

Outside groups will be provided a copy of the Susquehanna Conference Standards

**Covenant**

I have read in full the information included in the current Rate Schedule, and accept responsibility for communicating the fees and regulations contained therein to the members of the group named on this application.

\_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

(signed)

Evening Phone: ( ) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_