

# APPLICATION FOR RESERVING GREENE HILLS

Susquehanna Conference 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)

GREENE HILLS CAMP phone: 814-669-4212; email: [greenehillscamp@susumc.org](mailto:greenehillscamp@susumc.org)

\_\_\_\_\_ % Discount if Applicable *(This space for office use only)*

\_\_\_\_\_ 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) \_\_\_\_\_ (Be sure not to exceed lodging accommodations as described below for the facilities you're reserving).

**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)  
( ) Day Use ( ) Single overnight ( ) Multiple overnights

**NO Linen Service option requested:** \_\_\_\_\_ (if checked, this means you will provide your own towels and linens.)

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

### The Manor

(Unavailable July – mid August)

- ( ) First Floor (Day Use)
- ( ) Second Floor (lodging for 14 people)
- ( ) Third floor (lodging for 24 people)
- ( ) Swimming Pool
- ( ) Picnic Pavilion
- ( ) Rock Climbing Wall (limit to 16)

### Summer Camp

(Unavailable July - mid August; mid October. - April)

- ( ) Summer Cabins (11@8 people per cabin)  
Specify the number you're reserving \_\_\_\_\_
- ( ) Infirmary (lodging for 7 people)
- ( ) Staff House (lodging for 8 people)
- ( ) Wesley Dining Hall
- ( ) Picnic Pavilion

**Meals**

The food service staff will prepare all meals. No cooking by groups is permitted. Check (✓) below the meals you're requesting (B = Breakfast; BR = Brunch 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
___ BR	___ BR	___ BR	___ BR	___ BR	___ BR	___ BR
___ L	___ L	___ L	___ L	___ L	___ L	___ L
___ D	___ D	___ D	___ D	___ D	___ D	___ D
___ S	___ S	___ S	___ S	___ S	___ S	___ S

**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 provided to the Site Director will be billed at the current meal rates.**

**Please bring with you:**

- A list of attendees and contact information to be given to the Site Director upon arrival. Identify the person in charge on the list, and all who will be in charge of first aid, emergency care and emergency transportation.
- Keep in mind that those who are 18 years and younger need to bring permission /permission to treat if hurt slips.

**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 \_\_\_\_\_ E-mail \_\_\_\_\_