Jo-Ota Methodist Association

Reservation Form

Camp Jo-Ota 1272 Hwy MM Clarence, MO 63437

Phone 660-699-2393 Email: director@campjo-ota.org Website: www.campjo-ota.org

Please complete the form and mail to the address above with your deposit

Group Name:_____ Contact Person_____

Church_____Phone#:_____

Mailing Address_____Email Address_____

Date of Arrival_____Day of the Week_____Arrival Time_____am/pm

Date of Departure_____Day of the Week_____Departure Time_____am/pm

Total Number Expected_____ Adults_____Youth_____Under 5_____

Facilities Requested: _____Oak Valley (32) _____Deer Trail (22) _____Pool

_____Lakeside (34) _____Riggs (16) _____Dining Hall

Lodging rates: Under the age of 5 **$15**

Between the age of 5 and 12 **$40**

Over the age of 12 **$50**

Building rates: Dining Hall **$200**

Kitchen **$100**

Cleaning Fee **$100**

Day use rate: **$15 per person**

RV Hookup: **$15 per day**

Half Day rate: **$7.50 per person**

Challenge Course: **$5 per person 2-hour minimum**

Pool Rate: **$30 for the 1st hour and $15 per hour thereafter**

Food Service: Breakfast **$12.00** Lunch **$15.00** Supper **$18.00**

Please call no later than 12:00 noon on the Monday preceding the reserved date with the final number for each meal.

Date and number attending each meal:

_____Please check if group is preparing their own meals

Date	**Breakfast 8:00 am**	**Lunch 12:00 pm**	**Supper 5:30pm**	**Snack**

To hold a reservation, this completed form and your deposit in the amount of $100.00 must be received at the above address _____, or the reservation becomes void and the dates will be open for other user groups. The deposit will be applied to the total invoice if there are no unnecessary damages to buildings or equipment and the site are left clean. **Payment is due upon receipt of bill.**

Cancellation/refund Policy: In order to receive a deposit refund, a written cancellation notice must be sent to the Camp Jo-Ota office and/or a phone call made to the camp office.

Reservations cancelled **61** days prior to event ---------- **Full Refund**

Reservations cancelled **31-60** days prior to event ---------- **Half Refund**

Reservations cancelled **30** days prior to event ---------- **No Refund**

Equipment and Services: Please mark your request: **Items provided at no charge**

- Challenge Course
- Markers and easel
- TV/VCR/DVD player
- Overhead Projector
- Canoes and lifejackets**
- Sports equipment
- Electronic keyboard or piano

Please provide our office with your schedule of activities 2 weeks prior to your event so that we may schedule appropriate staff and coordinate activities with other user groups—Thanks!

Groups MUST provide supervision by a certified lifeguard during ALL boating/swimming activities. A lifeguard can be provided by the camp or groups can acquire their own. Lifeguard certification must be presented to camp staff prior to the scheduled event to ensure certification is compliant. **The pool rate is $30 for the first hour and $15 per hour thereafter.

Camp Policies—Please read before signing reservation agreement.

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- **NO alcohol, drugs, weapons, fireworks or smoking (only in designated areas) allowed on Camp Jo-Ota property.**
- **Guest are not permitted to bring pets on site.**
- Children and youth groups must provide adult supervision **at all times** during retreat.
- No food or drinks in sleeping areas of cabins.
- Groups shall be responsible for any cost to repair damages. This includes, but is not limited to stains on carpet/flooring, marking on walls/beds/ceilings and other defacing of camp property.
- Swimming, boating, and fishing regulations are posted on site and must be followed by **all** guest.
- 10 MPH speed limit must be observed on all roads. Vehicles must be kept perked in designated areas after arrival.
- All accidents or injuries, no matter how small, must be reported to Site Director.

Agreement

I, the group contact person has read, understand and agree to the above stated policies, **those posted throughout Camp Jo-Ota property and those policies stated in the User Handbook and will personally guarantee compliance to them by the group.**

Signature:_____ Date:_____

Date form e-mailed/faxed:_____ Prepared by: Ann Wood