

# Camp Wartburg

## 2017 Application and Contract

### APPLICANT INFORMATION

Name of Church or Group:

Address:

City:

State:

ZIP Code:

Contact Person:

E-mail:

Phone:

Person responsible for group while at camp:

### RETREAT INFORMATION

**Arrive:**

Day:

Time:

**Depart:**

Day:

Time:

If youth, please indicate grade(s):

Approximate Number:

E-mail us at [Lauren\\_Thorburg@lcfs.org](mailto:Lauren_Thorburg@lcfs.org) or [Ruth\\_Hertlein@lcfs.org](mailto:Ruth_Hertlein@lcfs.org)  
or call us at 618-939-7715 Ext. 10 or 13.

### WILL NEED GUARANTEED NUMBERS 10 DAYS PRIOR TO ARRIVAL

#### SLEEPING ACCOMMODATIONS

NONE NEEDED

<p style="text-align: center;">Lindenberg Village</p> <p><input type="checkbox"/> Retreat House Left (26)</p> <p><input type="checkbox"/> Retreat House Middle (40)</p> <p><input type="checkbox"/> Retreat House Right (26)</p> <p style="margin-top: 10px;">\$23 person/night Friday-Saturday \$21 person/night Sunday-Thursday</p>	<p style="text-align: center;">Thorburg Hall</p> <p><input type="checkbox"/> 1 (6)</p> <p><input type="checkbox"/> 2 (7)</p> <p><input type="checkbox"/> 3 (8)</p> <p><input type="checkbox"/> 4 (6)</p>	<p style="text-align: center;">Middle Camp</p> <p><input type="checkbox"/> Cabin A (8-10)</p> <p><input type="checkbox"/> Cabin B (8-10)</p> <p><input type="checkbox"/> Cabin C (8-10)</p> <p><input type="checkbox"/> Cabin D (8-10)</p> <p><input type="checkbox"/> Cabin J (6)</p> <p><input type="checkbox"/> Cabin K (8-10)</p>	<p style="text-align: center;">Treehouse/Tents</p> <p><input type="checkbox"/> (10)</p> <p><input type="checkbox"/> (10)</p> <p><input type="checkbox"/> Tents</p> <p style="text-align: center; margin-top: 10px;">\$5person/night</p>
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#### MEETING SPACE

NONE NEEDED

Type of meeting space requested:

Negwer Upstairs: \$150 per day (\$400 day only)  Sewing Picnic Pavilion: Free (\$50 day only)

Negwer Basement: \$50 per room, per day (\$150 per room, day only) E  F  W

Grandma Linda's Craft Center: \$50 per day (\$150 day only)

*Camp reserves the right to provide alternate meeting space.*

#### MEALS: CHECK ALL THAT APPLY

NONE NEEDED

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast (\$6.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch (\$7.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner (\$8.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### SPECIAL EQUIPMENT

<input type="checkbox"/> Flipchart/Easel (\$10)	No. Tables/Chairs:	<input type="checkbox"/> Sound System (\$50)
<input type="checkbox"/> Projector with Screen (\$50)	<input type="checkbox"/> TV/VCR/DVD (\$25)	<input type="checkbox"/> White Screen Only (\$15)
<input type="checkbox"/> Other (Specify):		

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SPECIAL ACTIVITIES: LISTED PRICES ARE OVERNIGHT ONLY		*WITH CAMP APPROVAL
Activity	Self-Directed	Camp Directed
Hike	<input type="checkbox"/> Free	<input type="checkbox"/> \$5 per person (1 ½ hours)
Pond Canoe	<input type="checkbox"/> Free w/ Experienced Adult	<input type="checkbox"/> \$5 per person(1 ½ hours)
River Canoe	<b>Camp Directed Only</b>	<input type="checkbox"/> \$10 per person (3 hours)
Swimming	<b>Camp Directed Only</b>	<input type="checkbox"/> \$80 for 2 Hours (Seasonal)
<b>Please specify swim time, if applicable:</b>		
Campfire (Self-Directed)	<input type="checkbox"/> Free	<input type="checkbox"/> Fire Building Charge \$15
GIC/Low Ropes/Team Building	<input type="checkbox"/> \$5 per person*	<input type="checkbox"/> \$10 per person (3 hours)
<b>Please specify GIC time, if applicable:</b>		
Archery	<input type="checkbox"/> \$2 per person	<input type="checkbox"/> \$5 per person(1 ½ hours)
Outdoor Education	<input type="checkbox"/> <b>Equipment Fee May Apply</b>	<input type="checkbox"/> \$10 per person (3 hours)
<b>Please specify Outdoor Education activities, if applicable:</b>		
Work Project	<input type="checkbox"/> Please contact Bob Polansky at 618-939-7715 Ext. 14	
<b>HIGH ROPES: CAMP DIRECTED ONLY (PERMISSION FORM REQUIRED)</b>		
<input type="checkbox"/> ½ Day High Ropes Full Course (3 hours)	<input type="checkbox"/> Climb and/or Zip Only	
\$25 per person	\$17.50 per person	
Minimum Charge \$270	Does Not Apply to Full Course Groups	
<b>Preferred Date/Time of High Ropes (Day, Date, AM/PM):</b>		
<p>Camp Wartburg and Lutheran Child &amp; Family Services of Illinois (hereafter referred to as "The Camp") assume no responsibility for injury or damages to persons using Camp Wartburg facilities, unless due to the gross negligence or willful neglect of The Camp. The Group (applicant) hereby waives any claim against The Camp for any injury or damages to persons associated with the Group-and agrees to hold harmless and indemnify The Camp for any liability due to any injury or damages to persons associated with the Group-which are incurred during their use of Camp Wartburg facilities, unless due to the gross negligence or willful neglect of The Camp. The indemnification herein also includes attorney's fees and costs incurred by The Camp.</p> <p>Camp Wartburg may cancel use of its facilities at its own discretion. See General Retreat Information for Cancellation Guidelines. Rates are subject to increase with 90-day notice by e-mail.</p>		
<b>Deposit Amount</b>		
<b>ADDITIONAL COMMENTS</b>		
<p><b>Please email all food allergies and any special dietary requests at least 10 days in advance of your arrival to <a href="mailto:Lauren_Thorburg@LCFS.org">Lauren_Thorburg@LCFS.org</a>.</b></p>		
Signed (Group Representative)		Date:
Signed (Camp Representative)		Date:



Please send completed contract with deposit to  
 Camp Wartburg  
 5705 LRC Road  
 Waterloo, IL 62298  
 Fax: 618-939-6288

