

Pettijohn Springs Christian Camp

P.O. Box 440
Madill, OK 73446
Phone: (580) 795-5015
Fax: (580) 795-5088

Hargrove Retreat Center Reservation/Invoice \$250 deposit required to book facility.

Name of Group _____

Mailing Address _____

Phone # _____

Type of Retreat _____

Contact Person _____

Projected number of campers _____ Retreat Date _____

Special Accommodations: _____

Fee Schedule:

First night: Flat Fee for First 25 Campers \$ 375.00
_____ Campers over 25 x \$15.00 \$ _____

Additional nights:
_____ Campers x \$15.00 \$ _____

Total cost for Lodging \$ _____

Food Cost:
_____ meals served @ \$7.00 = \$ _____

(Total number of campers times number of meals served if prepared by camp staff. Minimum of 25 campers for this service.)

Use of Swimming Pool: \$50.00 \$ _____

Total cost of Retreat \$ _____
Donation \$ _____

Deposit (\$250) will be returned within 5 days of your check-out. Unreported damages to the facility will result in the loss of your full deposit. Reported damages will be deducted as necessary.

Deposit: \$ _____ **Date Paid** _____ **Check #** _____

Date Deposit returned _____ **Amount** \$ _____