

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

Main Camp Retreat Reservation/Invoice

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 \$ 200.00
_____ Campers over 25 x \$8.00 \$ _____

Additional nights:
_____ Campers x \$8.00 \$ _____

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.)

(Or if preparing your own meals)

Rental of Dining Hall: \$150/day \$ _____

Use of Swimming Pool: \$50.00 \$ _____

Total cost of Retreat \$ _____

Minus Deposit \$ 200.00

Amount now due \$ _____

Donation \$ _____

Date Paid _____ **Check #** _____