

Retreat Rental Contract
(3 nights or less)

Group:

Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

E-Mail Address _____

Arrival Date _____ Departure Date _____

Number in Group _____ Age of Group _____

Gate Code _____ Cell Phone _____
(choose a 4 digit code to open gate during your stay)

Check-in is 4:00 p.m./Check-out is 2:00 p.m.

You may not arrive earlier or leave later unless cleared by the office.

Rates:

\$25.00/Night per person

\$6.00/Person grounds fee for persons not spending the night

R.V. and Tent/Grounds Fee/Person/Day + Electrical hook up \$12.00/Day

Deposit:

\$1000 Non-refundable/Due Immediately

**THERE IS A MINIMUM USER FEE OF \$1250 PER NIGHT FOR 2 NIGHTS OR \$2500
FOR 1 NIGHT.**

Renting group agrees to pay the balance of the final bill prior to their departure from camp.

Rates are subject to change up to 90 days prior to reserved date(s).

We provide toilet paper, garbage cans and bags, cooking utensils, and ice.

Recreation:

Campfire area, basketball, lighted volleyball *(sand), lighted athletic field, nature trails, swimming pool, fishing, canoeing, tetherball, playground, obstacle course, zip line, horse shoes, riflery and archery available. Game room includes: air hockey, foosball and ping pong.

TWIN OAKS RANCH

P.O. BOX 457
BUDA, TX 78610

Phone 512-295-6151
Fax 512-295-6151
E-mail twinoranch@juno.com

Capacity 160

The renting group agrees to comply faithfully with the following policies:

1. To pay for damages to Twin Oaks Ranch property (beyond that of normal wear and tear) caused by any member of your group..
2. To provide your own medical insurance. Report all injuries to the camp mgr.
3. **Do not cross fence lines. You will be trespassing on private property.**
4. Check with manager to make sure there is not a burn ban in effect before starting bon fires. Please extinguish all fires with hose behind bath house when through.
5. **No alcoholic beverages, tobacco products, drugs, fireworks, firearms, or pets.**
6. **No graffiti.**
7. Each group must provide 1 adult to 8 minors.
8. Help conserve energy! Turn off lights, a/c, and heat when not in use.
9. Remove shoes when muddy in carpeted areas.
10. **Off limit areas are:**
 - a. **Manager's house and yard**
 - b. **Shed and behind shed**
11. **Do not block manager's driveway.**
12. **Do not park cars beyond registration sign.**
13. **Water front-** To provide lifeguard on duty at the water front while people are on the creek. To wear a properly secured life vest, no ramming or tipping of canoes.
14. **Pool area-** To provide lifeguard and other adults as needed (Texas State Dept. of Health requirement) when renting group is using the pool. NO glass, cans, or food items are allowed in the pool area.
15. Keep grounds clean by keeping paper and litter picked up.
16. Please give camp manager a schedule of your retreat.
17. Your schedule must reflect an attempt to accomplish a spiritual purpose.
Please contact the camp manager upon arrival of property. The camp manager will hold an orientation with the person in charge of the renting group at arrival. All policies and questions will be covered at this time.

The renting group hereby agrees to:

Release TWIN OAKS RANCH (an Evangelical Free Church Bible Camp) and any of their staff and representative of the responsibility for any injuries incurred while on said Camp's properties;

waive any right we may have to sue TWIN OAKS RANCH or any of their staff and representative as a result of any injuries, damages, or losses sustained while on said Camp's properties; and

hold TWIN OAKS RANCH and any of their staff and representative harmless and to bear the cost of their legal defense of any suit or legal or equitable action is brought against any of them as a result of any and all injuries, damages, or losses suffered while on said Camp's properties,

Further, in the case of a medical and/or surgical emergency, we hereby agree to make immediate contact with a licensed physician/surgeon and give same permission to hospital, secure proper treatment for, and to order injection, anesthesia, or surgery for the person(s) requiring same; and, in the event immediate first aid is required, we have a doctor/nurse who is qualified to administer such, and has permission to do so. All of this shall be done at no expense to TWIN OAKS RANCH.

Please sign this copy of the contract and return it with your deposit. This contract shall be binding when a copy bearing signatures of both parties has been mailed to the renting organization.

I have read and understand and agree to the above contract.

Signature of contact person Date _____

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For Office Use Only

Amount Received _____ Check # _____

Approved by _____ Date _____