

Camp Lake Stephens Event Contract

**Must be returned with deposit within two weeks of making reservation*

Group: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Arrival Date: _____ Estimated Time of Arrival: _____

Departure Date: _____ Estimated Time of Departure: _____

Total # of guests expected: _____

Meals:

Projected number guests for meals in the *Dining Hall*: _____

Meals Needed (*please mark which apply*):

Date: _____ Breakfast: _____ Lunch: _____ Dinner: _____

Meals are served at the following times unless otherwise arranged:

8:00 Breakfast 12:00 Lunch 6:00 Supper

Please list special dietary requirements/food allergies:

_____ We will not be using the Dining Hall, and will prepare our own meals in the Ad Building Kitchen (maximum of 50 people and \$30 a day additional charge)

Lodging:

	Male	Female
Number of cabins (beds for 8) needed:	_____	_____
Number of private rooms (2 singles):	_____	_____
Treehouse Camp	_____	_____

Meeting Facilities Request:

_____ Ad Building (up to 70 people)
 _____ Chapel (up to 350 people)
 _____ Dining Hall (for meetings; up to 150 people)
 _____ Conference Room
 _____ Vesper Hill (up to 250 people)

Miscellaneous Request:

_____ Quay's Place Gift Shop	_____ Zipline
_____ Rec Area Canteen	_____ Hayride
_____ Bonfire	_____ High Ropes Course
_____ Pool (seasonal)	_____ Low Ropes Course
_____ Canoes and/or Kayaks	_____ Chapel Sound System
_____ Lake	_____ Video Projector
_____ Athletic Field	

(*gift shop features CLS shirts, cups, water bottles, hats, misc. gift items)

Signature: _____ Date: _____

**Please return this form along with a 25% estimated total balance deposit to:
Camp Lake Stephens
117 Camp Lake Stephens Drive
Oxford, MS 3865**

CAMP LAKE STEPHENS 662-234-3350 sally@camplakestephens.com
