

GROUP & CONTACT INFORMATION

Group Name: _____ Dates of Use: _____ - _____
 Expected Arrival Time: _____ Expected Departure Time: _____
 Contact Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Email: _____

HOUSING

Check all needed accommodations for sleeping by your group. **Prices listed are per night.** (*Heated facilities)

NAME	DESCRIPTION	CAPACITY	PRICE	TOTAL
<input type="checkbox"/> CONNRI Lodge*	The main conference facility that has 30 rooms with 2 twin beds each	60	\$2,500	\$ _____
<input type="checkbox"/> Cabins	8 cabins with 3 rooms each	24 each	\$250	\$ _____
<input type="checkbox"/> Boys' Staff	4 rooms that sleep 2 - 4 with bunk beds	16	\$250	\$ _____
<input type="checkbox"/> Girls' Staff	4 rooms that sleep 2 - 4 with bunk beds	16	\$250	\$ _____
SUB TOTAL HOUSING				\$ _____

MEETING SPACE / EQUIPMENT

Check all needed meeting rooms. Prices listed are per day.

NAME	DESCRIPTION	WITH HOUSING	DAY ONLY	TOTAL
<input type="checkbox"/> CONNRI Lodge	Many options for small or large groups with dining room	INCLUDED	\$500	\$ _____
<input type="checkbox"/> CONNRI Lodge Sound System	High-tech sound system *Speakers, 70" HD TV, A/V Mixer, Wireless Mics*	\$50	\$50	\$ _____
<input type="checkbox"/> Dining Hall	Large meeting space with many seating options	INCLUDED w/meals (\$250)	\$500	\$ _____
<input type="checkbox"/> Stark Pavilion	Large meeting space with stage	\$200	\$500	\$ _____
<input type="checkbox"/> Staff Lounge	Mid-size Meeting Space / Game & Lounge Room	\$150	\$250	\$ _____
<input type="checkbox"/> Lakeside Pavilion	Outdoor picnic pavilion located by the lake	INCLUDED	\$100	\$ _____
<input type="checkbox"/> Athletic Pavilion	Outdoor pavilion located near athletic area	INCLUDED	\$100	\$ _____
<input type="checkbox"/> Arts & Crafts	Classroom style facility	\$100	\$150	\$ _____
<input type="checkbox"/> Nature Lodge	Small meeting space perfect for small groups	\$100	\$150	\$ _____
<input type="checkbox"/> Campfire Circle	Large outdoor facility with stage & fire pit	INCLUDED	\$100	\$ _____
SUB TOTAL MEETING/EQUIPMENT SPACE				\$ _____

MEALS

Check all needed meals & snacks. Prices listed are per person. Write number in attendance.

DATE	BREAKFAST (\$8)	AM BREAK (\$4)	LUNCH (\$10)	SALAD BAR (\$4)	PM BREAK (\$4)	DINNER (\$14)	SALAD BAR (\$4)	SNACK (\$5)	TOTAL
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____

SUB TOTAL MEALS \$ _____

HOUSING SUB TOTAL	\$ _____
MEETING/EQUIPMENT SPACE SUB TOTAL	\$ _____
MEALS SUB TOTAL	\$ _____
TOTAL FACILITY USAGE FEE	\$ _____

- I request authorization to use the above facilities for the purpose and time designated on this application.
- I am familiar with the policies governing such use and will observe them accordingly.
- I also state that I am authorized to sign this application on behalf of the organization I represent.
- We agree to assume the risk of any injuries, including death, that may be sustained by members of our organization or any person invited as part of our group in connection with the use of the premises.
- I will provide a certificate of liability covering program participants in the event of injury or accident which cannot be considered public liability (negligence on the part of The Salvation Army).
- I understand that it is my group's responsibility to obtain background checks on all adults chaperoning minors.
- I understand that it is the group's responsibility to provide supervision for all participants as well as monitoring their behavior. Groups are responsible for the proper training on interaction between staff and minors. (One on one staff/camper interaction).
- I understand it is my group's responsibility to provide any needed first-aid or medical care to our participants.
- I understand that a 10% deposit is required to hold my groups reservation and that this deposit is refundable if canceled 90 days before our event. If our group cancels less than 90 days before our event, the deposit is forfeited.
- I understand that the balance of our usage fee, must be received by the event date unless another agreement was made.
- I understand that all alcoholic beverages are not permitted on the campgrounds. Smoking inside any facility is also not permitted. The designated smoking area is in the main parking lot outside of the lobby.
- I understand that any damage caused by my group will be billed to my organization. This includes, but is not limited to: facility, property, flora or fauna.
- **The Salvation Army – Camp CONNRI is designated as the headquarters for EverSource's Disaster Service Center. Should a disaster occur that initiates a State of Emergency, Camp CONNRI and all its property will have to be utilized. Should your group be scheduled for this time, we will first need to cancel your reservation and will then attempt to reschedule. If a date cannot be agreed upon we will refund the deposit/payments given.**

Signed: _____ Date: _____