

Time: _____
Date: _____

Camp Kehukee Reservation Request Information Form

Church _____

Telephone _____ E-Mail _____

Person Confirming Reservation _____
Pastor, Church Secretary, or Deacon Chair

Date(s) Requested _____

Description of Event _____

Overnight Reservations Yes _____ No _____

Reservation Fees Enclosed \$ _____

Arrival Time _____ a.m. _____ p.m. _____

Departure Time _____ a.m. _____ p.m. _____

Area(s) to be used:

Spain Conference Center _____ Swimming Pool _____ Fishing at Carter Lake _____

New Picnic Pavilion _____ Old Picnic Pavilion _____ Worship Area _____

*The Petersburg Baptist Association is providing the facilities for use by the hereinabove dedicated **church group only**. The Petersburg Baptist Association assumes no responsibility for the provision of lifeguards, supervisory personnel for children, or insuring that proper background investigations have been performed on persons who work with children or youth. Neither does the PBA provide medically trained personnel, or any staff for Camp Kehukee. Such is the sole responsibility of the churches or groups using the facilities.*

Person **physically present** and responsible while at Camp Kehukee _____
PLEASE PRINT

Phone number of person responsible _____

Mailing Address **OR** email address of person responsible _____

Signature of person responsible at Camp Kehukee _____

Church Liability Insurance Policy in Force Yes _____ No _____

Name of Insurance Carrier _____ Policy Number _____

***Please make a copy of this form for your records!*

Office Use Below

| | Date | Name /Initials |
|---------------------------------------|------|----------------|
| Reservation Letter Mailed | | |
| Reservation Fees Received | | |
| Check # Amount | | |
| Regulations and contact letter mailed | | |
| Usage Fee Letter Mailed | | |
| Usage Fee Received | | |
| Check # Amount | | |