



RESERVATION APPLICATION MEADOW LAKES CAMPGROUND

5519 N. Oliver, Walton, Kansas



For information on available calendar dates phone: 316-686-2332
(Revised 052009)

Date(s) requested: From _____ To _____

Total Fee Due \$ _____ (from cost worksheet)

Sponsor: _____

Address: _____

Phone: _____ Email: _____

Church: _____

Pastors Signature: _____

Event: _____ Number of people in group: _____

We have read and will abide by the rules listed on the *Policy and Procedure Form as well as those posted in the facilities*. We understand the use of these facilities is at our own risk. We will leave the facilities and grounds clean and in good condition and accept the addition charges for excessive cleaning and/or damages.

Signed: _____

Reservation confirmation, map, and access combinations will be sent upon receipt of completed form(s) and payment. Please make check payable to **Kansas District Church of the Nazarene**.

Please return completed form(s) and payment to:

Kansas District Church of the Nazarene

260 N. Rock Road, Suite 202

Wichita KS 67206

FOR OFFICE USE:

Approved by _____ cash/check # _____ Date Rec'd _____

MEADOWLAKES FACILITY INFORMATION

(Revised 052009)

All facilities are Non-Smoking, Drug & Alcohol Free. All Facilities are by Reservation Only. ** All groups have restroom and shower privileges and are to use the entrances located at the south end of the Pavilion. Fishing privileges are included with all facility reservations. All posted fishing regulations must be followed. ** NO PETS ALLOWED. ** FIRES IN DESIGNATED AREAS ONLY...No Campfires during burn bans.

CHECK IN / CHECK OUT TIMES: Applies to all facility rentals.

STANDARD CHECK IN TIME IS 4:00 pm.

STANDARD CHECK OUT TIME IS 12:00 pm.

CANOES AND PADDLE BOAT: State of Kansas boating safety regulations must be followed. PFD's are provided. Boats available May through September and as weather and scheduling permit.

CABINS: (Two available) Heated and Air/Conditioned. ¾ bath. **No Cooking Allowed.**

Capacity; 4 bunk beds sleep 8 people each. Bring your own twin bedding or sleeping bag.

GAZEBO SHELTER AREA: Two picnic tables to seat 12 to 16 people.

Single Family or

Group Capacity; 50 people.

LODGE : Fully furnished including kitchen. (Please clean kitchen if you use it; leave the linens for us.) Sleeps 1-King & 2-Twin beds in loft with bedding provided. 1-Day Bed and 1-Trundle bed for sleeping bag use. (Bring your own bags.) **(Children 5 and under are free)**

Capacity; 6 people and 5 nights. Individual, Single Family and Pastoral Sabbaticals Only.

PAVILION: A/C & Heat. Small kitchen. Indoor meeting room with piano, podium, tables & chairs. Indoor capacity for 75 people. Covered outdoor area for about 150 people. Outdoor access to restrooms and showers which are open to all groups using the grounds.

Capacity; 75 people indoors. Capacity; 150 people in covered area.

RV's & CAMPERS: 16 bays with electricity, water and sewer. 15, 30 and 50 amp service.

TENTING: Designated areas only which are the north shore primitive picnic area, grass area east of the Gazebo and around the Pavilion. (No tents on the baseball field please!)

Capacity 150 people.

STANDARD COST WORKSHEET

(Revised 052009)

(USE THIS WORKSHEET IF YOU JUST WANT ONE OR TWO ITEMS.)

CABIN(s)

Capacity 8 people per cabin; two available.

Two or less people \$55.00. Three or more group rate \$104.00 per cabin per day.

Number of cabins _____ x Daily rate _____ x number of nights _____ = total \$ _____

GAZEBO SHELTER

Capacity 50 people. \$10.00 (Daily rate) x number of days _____ = total \$ _____

LODGE

Capacity 6 people; Limit 5 nights.

Two or less people \$75.00. (Daily rate)

Family (Three to six people) \$125.00 (Daily rate)

Daily rate _____ x number of nights _____ = total \$ _____

Pastoral Sabbatical Single Rate; Number of nights _____ x \$25.00 + \$50.00 = total \$ _____

(Limit 5 nights. Individual and Family occupancy only. NO GROUPS.)

PAVILION

Capacity 75 people inside; Capacity 150 people outside

Number of days _____ x \$125.00 = total \$ _____

(Additional trash service fees may apply for large groups and will be billed separately)

RV's and CAMPERS

Single Rate; Number of days _____ x \$14.00 total \$ _____

TENTING

Single or Single Family Rate; Number of days _____ x \$10.00total \$ _____

Group Rate; Number of days _____ x \$25.00 total \$ _____

ADD THE COLUM FOR YOUR TOTAL \$ _____

(By reserving any facility you agree to accept an excessive cleaning or damage surcharge of **\$75.00 per facility per incident at our discretion. TO HELP YOU PREVENT INCURING THESE CHARGES, OUR POLICIES ARE POSTED IN EACH FACILITY.)**

We have read and accept the policies listed and posted, and accept the charges above.

TODAYS DATE: _____ GROUP/CHURCH NAME: _____

REQUESTED DATE(S) FROM: _____ TO: _____

YOUR SIGNATURE: _____ PASTORS SIGNATURE: _____

(Make a copy for yourself and return the original to us with your payment.)

SPECIAL PACKAGE COST WORKSHEET

(Revised 052009)

(USE THIS SPECIAL PRICING WORKSHEET IF YOU WANT MORE THAN TWO ITEMS.)

PACKAGE 1. Includes two family cabins and the pavilion for **One Night**. Day1, 4pm to Day2, 2pm.

16 people or less \$320.00 \$ _____

17 people or more \$385.00 \$ _____

PACKAGE 2. Includes two family cabins and the pavilion for **Two Nights**. Day1, 4pm to Day3, 2pm.

16 people or less \$500.00 \$ _____

17 people or more \$600.00 \$ _____

Additional nights:

16 people or less \$180.00

Number of additional nights _____ x \$180.00 \$ _____

17 people or more \$215.00

Number of additional nights _____ x \$215.00 \$ _____

NET GROUP COST \$ _____

ADDITIONAL SPECIAL PACKAGE RATE PRICING

GAZEBO SHELTER (One time charge) 1 x \$10.00 = \$ _____

TENTING Number of days _____ x \$25.00 total \$ _____

RV's and CAMPER'S \$18.00 per day per RV or Camper.

Number of RV's _____ x number of days _____ = total RV group costs \$ _____

Add the totals in the column for your GROSS group cost. \$ _____

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We have read and accept the policies listed and posted, and accept the charges above.

TODAYS DATE: _____ GROUP NAME: _____

REQUESTED DATE(S) FROM: _____ TO: _____

YOUR SIGNATURE: _____ PASTORS SIGNATURE: _____

(Make a copy for yourself and return the original to us with your payment.)