



RESERVATION APPLICATION

MEADOW LAKES CAMPGROUND

5519 N. Oliver, Walton, Kansas



For information on available calendar dates phone: 316-686-2332

Date(s) requested: _____

Total Fee Due \$ _____ **(from reverse side form)**

Sponsor: _____

Address: _____

Phone: _____ **Email:** _____

Church: _____

Event: _____ **Number of people in group:** _____

We have read and will abide by the rules listed on the *Policy and Procedure Form*.
We understand the use of these facilities is at our own risk. We will leave the facilities
and grounds clean and in good condition.

Signed: _____

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

Kansas District Church of the Nazarene
260 N. Rock Road, Suite 202
Wichita KS 67206

FOR OFFICE USE:

APPROVED BY DS: _____ Check / Cash RECEIVED \$ _____ DATE _____

FEE CALCULATION WORKSHEET

(Revised 7-19-08)

CANOES/PADDLE BOAT

Number of units: _____ (1, 2, or 3) x \$15 ea. = _____ (Daily rate)

Daily rate _____ x number of days _____

= total

\$ _____

(You also agree to accept an excessive cleaning or damage surcharge of **\$25.00** per unit at our discretion.)

FAMILY CABINS

NOAH - Capacity 8 people

Number of people _____ x \$10 + \$45.00 = _____ (Daily rate)

Daily rate _____ x number of nights _____ =

total \$ _____

(You also agree to accept an excessive cleaning or damage surcharge of **\$75.00** per unit at our discretion.)

GAZEBO SHELTER

Single Family Rate - \$5.00 (Daily rate) x number of days _____ = total

\$ _____

Group Rate (capacity 50) \$10.00 (Daily rate) x number of days _____ = total

\$ _____

(You also agree to accept an excessive cleaning or damage surcharge of **\$25.00** per unit at our discretion.)

LODGE Capacity 6 people - Limit 5 nights

Number of people _____ x \$10 + \$65.00 = _____ (Daily rate)

Daily rate _____ x number of nights _____ =

total \$ _____

Pastoral Sabbatical Rate - # of nights _____ x \$25.00 + \$50.00 = total

\$ _____

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

(You also agree to accept an excessive cleaning or damage surcharge of **\$75.00** per unit at our discretion.)

PAVILION Capacity 75 people inside - Capacity 150 people outside