

Camp Arrowhead "Nelson Guest Cottage" Rental Contract 2010

LEASER: CAMICOG (Campground Ministries of the Church of God)
18553 State Highway 6
Deerwood, MN 56444
Camp Phone: 218-534-3266

AND

LESSEE: Name: _____
Address: _____
City, State, Zip Code _____
Phone # _____
Church affiliation: _____

LEASER Agrees to the following:

1. Nelson Guest Cottage and surrounding area.
* See separate contract for other Camp Arrowhead facilities and recreational equipment.

LESSEE Agrees to the following:

1. Adjust its insurance contract to extend liability coverage for its stay on the grounds.
* This eliminates CAMICOG's insurance policy involvement due to Lessee negligence.
2. Be responsible for all long distance telephone calls made during stay on the campgrounds.
3. Leave the grounds and buildings in the same condition and cleanliness as when lessee arrived.
* Before final settlement is reached, a walk-through inspection with the Camp Director and a member of management will be made.
4. Require all users to refrain from smoking, use of alcoholic beverages, littering and vandalism of any kind.
5. If used in conjunction with a group camp activity, restrict use of facility to guest speaker, missionary or pastor (as long as that person is not the camp director). It should not be a place where all camp registrants can come and go from but should be a quiet place for speakers to study and prepare.
6. Allow use of the building's laundry facilities **ONLY** for the tenants, not other camp registrants.

RATES:

ALL units are based on 2 people, others will be charged the per person rate.

1. **\$60.00** For each Nelson Guest Cottage upper unit per night. **(For 2 people)**
2. **\$45.00** For each Nelson Guest Cottage lower unit per night. **(For 2 people)**
3. **\$15.00** Extra for each additional person per night.
4. **\$50.00** Non-refundable Deposit per unit.
5. Lessee is responsible for any damage to the property caused by abuse or neglect.

CAMP DATES, PAYMENT AND ADDITIONAL INFORMATION

1. Rental period shall start on: (mm/dd/year) _____ At 4:00 PM Unless prior approval.
And shall end on: (mm/dd/year) _____ At 2:00 PM Unless prior approval.
2. Final payment is due upon departure, unless otherwise arranged.
3. Return contract, down payment by _____ unless other arrangements made.
4. Contact Phone Numbers: Mike or Doris Olson @ 218-999-7142 or 218-244-3793

Make checks payable to: CAMICOG
Mail to: Camp Arrowhead c/o Mike Olson
27554 Nike Road
Cohasset, MN 55721

Signature of CAMICOG representative

Date

Signature of Lessee representative

Date

Camp Arrowhead is dedicated to honor and glorify the Lord! Our goal is to touch the lives of all those who stay at our campground through spiritual, moral, mental and physical enrichment.