

*the*  
**Shepherd's Staff<sup>®</sup> inc.**  
*Christian Conference & Retreat Center*

***Facility (Day Use) Reservation Contract***

Event Date(s) \_\_\_\_\_ , \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Estimated Departure Time: \_\_\_\_\_

\_\_\_\_\_  
 Organization/Group Name

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Billing Address City, State, Zip

\_\_\_\_\_  
 Contact Phone Email

***Facility Pricing***

- |                                                                            |                                                                  |
|----------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Hiram Hall: \$ 150 per day                        | <input type="checkbox"/> Ranch House: \$ 150 per day             |
| <input type="checkbox"/> Main Center (dining room & parlor): \$200 per day | <input type="checkbox"/> Ranch House with Kitchen: \$200 per day |
| <input type="checkbox"/> All Buildings: \$500 per day                      |                                                                  |

<b>Facility Rental:</b>	_____
<b>Tax*, if applicable (7.3%):</b>	_____
<b>Total Due:</b>	_____

**Deposit:** All facility rental fees are due upon reservation of facility, accompanied by this contract. Facility rental fees are non-refundable. Please provide tax exempt form with contract if applicable

**Responsibility for damage:** Group agrees to guarantee payment for repair and/or replacement costs for damage to the buildings/fixtures beyond normal wear and tear. No alcohol or tobacco use is permitted anywhere on Shepherd's Staff properties or facilities.

**Disclaimer:** Shepherd's Staff, Inc. reserves the right to give priority to organizations that agree with our statement of faith. Shepherd's Staff reserves the right to limit reservations for any group to fifteen (15) calendar days per month.

**Your signature below constitutes agreement to all of the above stipulations.**

Method of payment: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (list card type: \_\_\_\_\_)

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_