

# Camp Kum-Ba-Ya Facility Use Form

## Complete and return, make a copy for your records.

Please enjoy your time at Camp Kum-Ba-Ya. Below are some of the guidelines for your use of Kum-Ba-Ya. Complete the form and mail the bottom portion **(along with your Deposit and Certificate of Insurance)** to Camp KBY, P O Box 1332, Madisonville, KY 42431.

1. **PETS:** The Marshall County Health Department requires that **all pets** be kept tied or penned away from all sleeping quarters, the main lodge and food areas with no contact with other participants.
2. **Emergency Care:** your group is responsible for certified first aid/CPR persons during your stay at Camp.
3. **Cancellation:** deposit will be refunded if the cancellation occurs 4 weeks or more prior to the event.
4. **Reservations** are tentative until the deposit and usage request form are received.
5. Each group is expected to leave the grounds and buildings clean and in as good condition as when they arrived. If problems are discovered on arrival contact the caretaker. Each group is responsible for cleaning all facilities they use or occupy during their stay.
6. **Possession** of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at Camp is prohibited, and members of your group, or the entire group will be asked to leave the premises if these items are found in your possession or observed to be in use. No refund will be given to persons or groups asked to leave.
7. **Fires** are not permitted except in the fire pit on the beach and the pavilion fireplace.
8. For organized groups using the facility we need a copy of your certificate of insurance with the Reservation Form. Please send to P O Box 1332, Madisonville, KY 42431.
9. **Equipment For Activities:** Basketball, soccer, tether ball, volleyball, softball, water safety, canoes, life jackets, DVD player, microwave oven, are part of the usage.
10. Each group member individually and the group collectively must agree that he/she/they will not hold Camp Kum-Ba-Ya, the Christian Church In Kentucky or any of its employees or affiliates responsible for incidents affecting the health, safety or well being of members while occupying the camp. Each group is responsible for supervision and safety of its members at all times.
11. Telephone limited to calling cards or reversing charges on calls not related to camp.
12. Groups and their members agree not to engage in any illegal activity while at the camp.
13. Understand that Camp Kum-Ba-Ya is a non-smoking facility and that you will be asked to leave the premises for smoking anywhere on the property.
14. You understand that behaving consistently in a way that does not reflect "...love God and love your neighbor as yourself." will result in you, members of your group or the entire group being asked to leave the premises by the resident camp caretaker or another designee.
15. Food Handling and Dishwashing Procedures: All dishes are to be cleaned and sanitized using the dishwasher. Please see information provided in the Kitchen regarding all Safety Standards.
16. **Swimming is at your own risk, No Lifeguard on Duty.**
17. **We are required by the State of Kentucky to charge a 3% hotel charge for facility use groups.**

**CLIP THIS SECTION AND MAIL TO THE CAMP BUSINESS OFFICE, P O BOX 1332, MADISONVILLE, KY 42431**

Group Name \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person \_\_\_\_\_

Email: \_\_\_\_\_ Church Name \_\_\_\_\_

Type of group: (circle one) Youth / Adult / Intergenerational (circle) Church Group / Family / Business Group Size \_\_\_\_\_

**Arrival & Departure date** Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Please send deposit of \$200.00**

Mark your choices below:  Kitchen Use  Lodging Only  Lodging and Meal Option  
 Day Group Only  Day Group with Kitchen Use

By your signature you are agreeing to the Procedures and Responsibilities. \_\_\_\_\_  
Signature of Contact Person

**REMITTANCE FORM**

(Mail to address below AFTER you return from Camp)

GROUP \_\_\_\_\_ DATES RESERVED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

**LODGING:** Minimum 15 persons per night. Multiply the number of persons by the rate. Indicate that figure in the Sub-Total boxes for each day. Add the amount in the Sub-total boxes, and put that on the total lodging fee line. **Calculate the 3% County Hotel Use Tax.** Proceed to Section B, if applicable.  
 LODGING RATE: \$30 per person per night

**-A-**

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
# Persons							
Rate (X)	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Sub-Total							

**TOTAL LODGING FEES** \$ \_\_\_\_\_  
**3% County Hotel Use Tax** \$ \_\_\_\_\_

**-B-**

**MEALS:** Minimum 20 persons per meal and at least 2 meals. RATE: \$7 each meal - each person. List the number of persons for each meal. Indicate in the Sub-total A column the number of people eating that day. Multiply Sub-total A boxes by \$7, put that number in Sub-total B. Add the Sub-Total B boxes and place that amount on the total meal cost line.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Breakfast							
Lunch							
Supper							
Sub-Total A							
Rate (X)	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00
Sub-Total B							

**TOTAL MEAL COSTS** \$ \_\_\_\_\_

**SUMMARY**

<b>Section A Fees</b>	\$ _____
<b>Section A 3% Hotel Use Tax – Marshall County, KY</b>	+ \$ _____
<b>Section B Meals</b>	+ \$ _____
<b>Less Deposit</b>	- \$ _____
<b>BALANCE DUE: Payable to KBY</b>	\$ _____

Please complete this form and return with remittance to: **CAMP KUM-BA-YA, P O Box 1332**  
 Office Phone: 270-821-1332 or FAX: 270-821-1344 **Madisonville, KY 42431**

Name of Person Reporting \_\_\_\_\_ Date: \_\_\_\_\_

Do you anticipate that your group will want to use the camp next year? Do you have a specific date in mind? If so, when? \_\_\_\_\_