



TRINITY LUTHERAN CAMP

Reservation Form - 2022

Arrival Date: _____ **Time:** _____ **Departure Date:** _____ **Time:** _____

Summer weekend groups typically need to wait until 4pm to arrive on Fridays & must leave by noon on Sundays to give us transition time between camp groups. You are also welcome and invited to attend our Sunday worship services at 11:15am at our chapel.

Name of Group _____ **Contact Person** _____

Billing Address _____ **City** _____ **ST** _____ **ZIP** _____

Phone _____ **Email Address** _____

Estimated Attendance: ____ adults (18+) ____ youth (6-17) ____ children (0-5) = **TOTAL** _____

Cabin Housing: \$35/person/day/night (\$120/family max for those who normally live in the same home)

RV & Tent Spaces: \$40 per night

Meals: \$10 per meal per Adult (18 years +)
\$8 per meal per Youth (6-17 years old)
Free for ages 5 & younger with paid adults

Day Use Fee: \$300 per day for groups NOT staying overnight

Please check all that apply below:

- Non-Refundable Deposit for **Lower Village** (Including Dining Hall) • \$100 X ____ days/nights = \$ _____
- Non-Refundable Deposit for **Upper Village** (Including Chalet or Chapel) • \$100 X ____ days/nights = \$ _____
- Exclusive Use of Facility** • (\$1,200 minimum per night & must pay deposits for both Lower & Upper Villages)
- Please use carryover deposit from previous year of \$ _____
- We will provide our own meals
- We would like the camp to provide meals

_____ Number of guests who need linens & towels (quilt, sheets, pillow, towels) **\$25 per set** (not per night)

Other comments, needs or requests (use back as needed):

Return this signed form with your deposit to our business office:

Trinity Lutheran Camp
400 West California
Kalispell, MT 59901

Signed: _____ **Date:** _____

Office Use: Paid with Check # _____ Date _____ Deposit \$ _____ Final Payment \$ _____