



Howell's Mill Christian Assembly

99 Christian Camp Road

Ona, WV 25545

Office: (304) 743-4332

Fax: (304) 743-8308

Web: www.howellsmill.org

Group Name: _____

Sponsoring Organization: _____

Sponsoring Organization Phone #: _____

Billing Address: _____

City / State / ZIP: _____

Contact / Responsible Person: _____

Contact Phone #: _____ Email: _____

Event Dates: _____ Guests Check In Time _____ Set Up Crew: _____

Guests Check Out Time _____

Event Description: _____

Anticipated # of Guests: _____ Would you like meals provided _____

Guest Confirmation: You are required to give a final count of guests attending two weeks prior to your event if you are staying overnight or want meals provided by HMCA.

To complete the contract, every line must be initialed.

_____ This document, the Event Contract, with the indicated deposit must be received within **TWO WEEKS** of the reservation date (bottom of the contract) in order to hold your date. Please note your deposit is non-refundable and non-transferable, but will be deducted from your fill bill after your retreat.

DEPOSIT

Facilities _____

Cost/Person _____

_____ I have read and signed the contract

Approx. Total _____

_____ **Payment Terms:** Terms are net 30 days. All past due balanced will be subject to a service charge of 1.5% (18% Annual Rate). Prices are subject to change without notice. The group will be billed utilizing the prices in effect when the deposit was received.

I understand this agreement and the Contract Addendum. I agree to enforce all the rules and regulations of Howell's Mill and agree to pay all reasonable damages should they occur.

Signature of Group / Supporting Group Agent

Date

Reservation Date

Contract must be received by