

Camp Marshall Use Agreement

The Episcopal Diocese of Montana



Hello, we are preparing to serve your group and the information presented here will help us to be sure to address those things that are important for both your group and Camp Marshall. Camp Marshall is a not for profit camp run by the Episcopal Diocese of Montana and rents to groups with a 501-c3 tax status. The camp is also used by entities of the Episcopal Church. Any exception to this must be approved by the Executive Director.

Confirmation of your event will be completed when you have completed the below checklist with the camp office. It will not be final until we hear from you. *Dates cannot be held without a completed agreement

<input type="checkbox"/>	Sign and return this Use Agreement
<input type="checkbox"/>	Submit your deposit
<input type="checkbox"/>	Complete the signature page from the retreat leaders guide (companion to this agreement)
<input type="checkbox"/>	Submit your proof of insurance *Unless you are a diocesan entity or program *If you are a group planning on serving alcohol see special instructions in Retreat Leaders Guide

The information below contains critical information used for calculating your estimated event bill. Also, when signed by both parties serves as a written agreement between The Episcopal Diocese of Montana, Camp Marshall and the below stated user group.

Rental Details:			
User Group			
Authorized Group Representative			
Email Address		Cell Phone	
Address		Work Phone	
On-site Leader (if different from above)			
Email address		Cell Phone	

Facilities Planner / What will your group need when you are there:

West		Bed Style	Capacity	East		Bed Style	Capacity
	West Shower House				East Shower House		
	West Pavilion	8 Bunks	16		East Pavilion	8 Bunks	16
	St. Stephen	3 Bunks	6		St. Catherine	3 Bunks	6
	St. Bede	3 Bunks	6		St. Charles	3 Bunks	6
	St. Alfred	3 Bunks	6		St. Augustine	3 Bunks	6
	St. Patrick	3 Bunks	6		St. Dunstan	3 Bunks	6
					St. George	8 Bunks	16
			40				56
	Trailer Parking (electric only)		1 space		Trailer Parking (electric only)	1 space	

Year-Round Facilities

	Coventry Cabin	Downstairs – 1 queen bed, Upstairs 1 twin and one full	3
	First Aid Cabin	A single bed, half bath, no shower. Can be used by one or for first aid.	1
	Canterbury Cabin	Downstairs - 4 Bunks, Upstairs 6 bunks, large common area: When planning – most adult groups only use the lower bunk. There are two bathrooms.	20
Total Beds on the property:			120

Facilities & Programs Estimate: / Based on Current years pricing sheet: AD.37.1 A,C,D Your bill is estimated in three parts: Facilities & overnight accommodations. Then any services provided by the camp such as food service & additional staffing for programming.							
Facilities Estimate:							
Arrival Date		Time		Departure Date		Time	
Rates Based on		Economy		Standard		Premium	
No. of Guests		Rate		No. Nights		Estimated Fee	
No. of Day Guests		Rate		No. of Days		Estimated Fee	
Notes:							
Total RV spaces		Rate		No. of nights		Estimated Fee	
Total estimated facilities estimate \$\$							
Food Service Estimate							
Date of first meal		1 st . Meal		Date of last meal		Last meal served	
breakfasts		# of guests		Meal Rate		Total Est. B-fast	
a.m. snacks		# of guests		Snack Rate		Total est. a.m. Snacks	
Lunch		# of guests		Lunch Rate		Total est. Lunches	
p.m. snacks		# of guests		Snack Rate		Total est. p.m. snacks	
Food allergies or dietary notes (please be specific): *dietary restrictions that require separate meal preparation for individuals will be charged @ \$12.00 per-person per-meal to help offset additional kitchen costs.							
# of vegetarians / Notes							
Any other dietary restrictions: Notes:							
Total Estimated Food Bill:							
Programming Fees Estimate		Rate	Times offered	Participants	Activity Fee		Total Est.
Waterfront							
Archery							
Challenge Course							
Boat Trip							
Kayaks							
Other							
AV equipment / Projector, screen, speaker, Microphone @ \$30 per-day							
Total Estimated Programming Cost							
Your Estimated Bill with calculation for 20% deposit:							
Facilities Total							
Food Service Total							
Programing Total							
Total Estimated Bill							
Estimated Deposit @ 20%							
Groups Authorized Signature							Date
							Date

Camp Marshall Authorized Signature:			
-------------------------------------	--	--	--

Special Instructions: **Special Instructions:** In consideration of the use of Camp Marshall, the Episcopal camp facilities, during the dates and for the purposes set forth above, the contract person, acting on behalf of the Organization or Group, agrees to pay Camp Marshall, the Episcopal camp by the conclusion of your event.

Please return one signed copy of this agreement, retreat leaders signature page, proof of insurance, along with your deposit, check or money order, to Camp Marshall, C/O The Episcopal Diocese of Montana, PO Box 2020, Helena, MT 59624 and keep one copy for yourself.

FOR OFFICE USE ONLY:
 AGREEMENT SENT: _____ AGREEMENT RECEIVED _____
 DEPOSIT RECEIVED: _____ Check # _____ AMT: _____ RET: _____
 SIGNATURE PAGE FROM RETREAT LEADERS GUIDE _____
 PROOF OF INSURANCE HAS BEEN SUBMITTED _____

Group has been approved to serve alcohol at their event: ☐ yes ☐ no

Use Agreement modified on 9/8/2020