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## RESERVATION CONTRACT

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

Position \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

Requested Dates of Use: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo D Yr Mo D Yr

Arrival Time: \_\_\_\_ am pm (circle one)

Number of Students: \_\_\_\_\_ Adults: \_\_\_\_\_

Departure Time: \_\_\_\_ am pm (circle one)

Cell Phone Number of Attending Adult: \_\_\_\_\_

### **SERVICES REQUESTED** (Please place a $\surd$ in the box to mark your selection[s])

**Darst Center Staff-Facilitated Retreat**

**Overnight Experience**  **Day-Long Experience**

**We will have our own vehicles**

**We will be taking public transportation**

**Self-Directed Overnight  
Retreat Experience**

**Day Facility Rental**

**Lodging Only**

**Prepared Meals** (this is included in the Staff Facilitated Retreat)

Please list dates/times:

**Breakfast:** \_\_\_\_\_

**Lunch:** \_\_\_\_\_

**Dinner:** \_\_\_\_\_

**Site Coordination**

**Workshop (date/time):** \_\_\_\_\_

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### **TERMS of AGREEMENT**

I can assure that the Darst Center space will be used appropriately and that the assigned moderators will take primary responsibility for the application of the Center policies. I understand that the Darst Center will not be held liable for damages or injuries that are the result of a violation of the rules of use of the building, or in the case of minors, of inadequate supervision by assigned moderators. I further understand that the group will be assessed for any damages that do occur during our time at the Darst Center and are caused by our group.

It is my absolute intention to hold harmless the Darst Center for any personal injury or damage that occurs while on site at the Darst Center and while participating in activities associated with the group's retreat offered by the Darst Center.

I have read the terms and agree to the expectations therein. I am submitting a non-refundable deposit of \$400 for overnight experiences and \$150 for day-long experiences to reserve the selected dates, understanding that a cancellation results in the forfeiture of the deposit. An invoice for the unpaid balance will be provided following delivery of services.

\_\_\_\_\_  
Signature of contact person/organization representative

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

Deposit of \$400/\$150 due with Reservation Contract: Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date Received \_\_\_\_\_