ONSET CAMPGROUNDS
C/O Barbara Porter
PO Box 944
Onset, MA 02558

ACTIVITY REQUEST

Arrival Date _____ Departure Date _____
Organization _____ Tele. No. _____
Organization Address _____
Contact Person _____ Tele. No. _____
Mailing Address _____

Facilities Requested:
__ Kitchen/Dining Room/Bathrooms with heat $400 without heat $300 per day:
No. of days ___ X Rate _____ = _____

__ Chapel with heat $150 per day, without heat $100 per day:
No. of days ___ X Rate _____=_____

__ Tabernacle $150 per day:
No. of days ___ X $150 = _____
TOTAL _____
LESS DEPOSIT _____
BALANCE DUE _____

A deposit of one half the fee must accompany this request. If the request is denied then the fee will be returned. The renter agrees that if, for any reason, the scheduled function is cancelled prior to thirty (30) days of the date of the function, there will be a refund of fifty percent of the deposit. However; if the scheduled function is cancelled within thirty (30) days of the date of the function, then one hundred percent of the deposit will be forfeited.
No smoking is allowed in any of the buildings. No alcoholic beverages are permitted in any of the facilities. We have limited tables and chairs, please check with us. All items must be returned to their original location. All trash must be bagged. The facilities are expected to be clean when the activity is finished. Thank you for sharing in the use of our facilities.

MAKE CHECKS PAYABLE TO: COMMUNITY OF CHRIST

(For Board use ONLY)
Facilities Used (circle those that apply):
Kitchen Dinning hall Bathrooms Chapel Tabernacle

Paid by: _____ Check: _____ Received by: _____