



{ DAY OUTING } CONTRACT

Mailing List

Email List

Thank you for choosing Oakridge Christian Camp & Retreat Center to host your event! Please take the time to **CAREFULLY** read through and **FULLY COMPLETE** this contract. PLEASE EMAIL OAKRIDGE@OAKRIDGEMINISTRIES.NET to let our Staff know to confirm your event. Thank you and God bless!

GROUP: _____ GROUP LEADER: _____

POSITION/TITLE: _____ EMAIL: _____

ADDRESS (W/ H): _____ CITY/STATE: _____ ZIP: _____

WEBSITE: _____ FAX: _____

PHONE(W/ H/ C): _____ PHONE(W/ H/ C): _____

BUILD YOUR EVENT IN 7 EASY STEPS: Choose your...

1. **DATE & GROUP SIZE:** Write in your 2 date options, in order of preference. Our office will call to confirm your date once we receive your completed contract, along with your group's size. Day outings will not be confirmed by Oakridge until **30 DAYS BEFORE YOUR EVENT**.
2. **MEETING ROOM:** Select your Meeting Room preference(s).
3. **MEALS:** Select your Oakridge meals.
4. **ACTIVITIES:** Choose which Activities, if any, you would like to include with your Oakridge Event Package.
5. **EQUIPMENT/STAFF SUPPORT:** Select which Oakridge Equipment you will require for your group's event.
6. **CONTRACT COMPLETION METHOD:** You may either print the contract form, fill it out, and mail your completed contract package to Oakridge; or you may fill out the contract entirely online as an interactive PDF (you'll need Adobe Reader, available [here](#)) and Email your completed contract to oakridge@oakridgeministries.net; or fax us at 405.247.4899. Please contact Oakridge if you have not heard back from us within 3 days.
7. **FINANCIALS & PAYMENT METHOD (FOR YOUR 50% DEPOSIT):** Oakridge accepts payment by cash, check or MC, Visa, or Discover (with a 4% credit or debit card service charge). Oakridge will generally contact you within 3 days of receiving your contract to confirm your payment method.

{1} DATE: Please provide your 2 preferred date choices below.

Oakridge will contact you upon receiving your contract to confirm your event dates. If you do not hear from Oakridge within 3 days, please contact our office at 405.247.5433.

PREFERRED DATE: _____, _____ to _____, _____.

ALTERNATE DATE: _____, _____ to _____, _____.

CHECK-IN TIME: _____
When you'll arrive at Oakridge Camp.

CHECK-OUT TIME: _____
When you'll leave Oakridge Camp.

GROUP SIZE: _____
Minimum group size is 10.

{2} MEETING ROOMS: Please select your Meeting Room preference(s). Meeting Room choice cannot be finalized until 21 days in advance of your event. Room rentals are reduced when you select an Oakridge Meal and are served the meal in that room. The reduced room rental rates do not apply to either of the Oakridge chapels.

DAY OUTING MEETING ROOM (UP TO 4 HOURS MAXIMUM)	CAPACITY	COST ROOM-ONLY/ ROOM-WITH-MEAL	NO. OF FREE BASIC ACTIVITY PASSES	ADDITIONAL HOURS AFTER FOUR	TOTAL COST
Main Camp Dining Hall	150	\$150 / \$50	25	\$25	
Main Camp Dining Hall with Kitchen (cooking your own meal)	150	N/A / \$200	25	\$25	
Main Camp Upper Room	30	\$50 / \$25	10	\$10	
Main Camp Breakout Room	12	\$25 / N/A	5	\$5	
Chapel	400	\$150 / \$100	25	\$25	
Gordon Hall	40	\$50 / N/A	10	\$10	
Upper East Dining Hall & Kitchen (cooking your own meal)	40	\$75 / \$75	15	\$15	
Upper East Meeting Room	40	\$50 / \$50	10	\$10	
West Camp Dining Hall	125	\$125 / N/A	25	\$25	
West Camp Chapel	250	\$125 / N/A	25	\$25	
Meeting Room Totals	N/A	N/A	N/A	N/A	{2} \$



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{3} MEALS: Please select your Oakridge meals. *If you're preparing/providing your own meals, leave this space blank.*

TOTAL COST	COST/ PERSON {A}	MON (# of guests)	TUE (# of guests)	WED (# of guests)	THU (# of guests)	FRI (# of guests)	SAT (# of guests)	SUN (# of guests)	TOTAL # OF MEALS {B}	TOTAL COST {A X B = C}
Breakfast	\$7									
Lunch	\$8									
Dinner	\$9									
Banquet	\$16									
Total	N/A									{3} \$

{4} ACTIVITIES

BASIC ACTIVITIES

Depending upon your group's selected Meeting Room (see page 1), your group will receive some **FREE** Basic Activity Passes.

Number of free Basic Activity Passes = _____.

BASIC ACTIVITY PASSES INCLUDE ACCESS TO:

PING PONG • AIR HOCKEY • BASKETBALL SHOOT CARPET BOWLING • TETHERBALL • TABLE GAMES • LOUNGE AREAS • GIANT CHESS • BAGGO TOSS
BOX HOCKEY • HORSESHOES • MINI-GOLF • HIKING • FRISBEE GOLF • TRAMPOLINE BASKETBALL • VOLLEYBALL • PLAYGROUND • GAGA BALL
GIANT MAZE • GAME EQUIPMENT (CHECK OUT) POOL TABLES (2) AND FOOSBALL (1) ARE \$.50 PER GAME, OR OPEN ALL 3 FOR \$50

\$5 × _____ people = **ADDITIONAL BASIC ACTIVITY PASS COST: \$ _____ {A}**

SUPERVISED ACTIVITIES

Package: The Supervised Activities Package requires a **10 GUEST MINIMUM** and is overseen by Oakridge Staff for a maximum of **4 HOURS/DAY**. **The cost for ALL supervised activities: \$17 per person per day**

These activities are usually available daily from **1:30-5:30 PM**, unless otherwise pre-scheduled; water activities' availability subject to weather.

__ I would like ALL supervised activities per person. \$17 × _____ people = **ALL SUPERVISED ACTIVITY SUBTOTAL: \$ _____ {B}**

__ I would like a Supervised Activity PARTY. A *Private Party* is 1 hour of use for groups of **ANY SIZE** for EACH Supervised Activity.

COST: \$100 per Activity per hour for as many guests as can be served in that time frame.

- | | | |
|--|--|--|
| <input type="checkbox"/> Go-Karts (8 laps) | <input type="checkbox"/> Swimming Pool & Hot Tub | <input type="checkbox"/> Human Foosball |
| <input type="checkbox"/> Waterslide | <input type="checkbox"/> Low Elements Ropes Course | <input type="checkbox"/> Archery & Riflery |
| <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Power Bouncers | |

\$100 × _____ Activities x _____ Hours = **ACTIVITY PARTY SUBTOTAL: \$ _____ {C}**

ADVENTURE ACTIVITIES: *Check all that apply.*

- __ **PAINTBALL.** \$25 per person × _____ persons = \$ _____ (minimum group of 8; includes complete gear/200 rounds of ammo, approx 3 hrs)
- __ **LASER TAG.** \$7 per half hour × _____ persons = \$ _____ (minimum group of 8, maximum of 12)
- __ **RAPPELLING.** \$15 per person × _____ persons = \$ _____ (minimum group of 12; off-site at Red Rock Canyon, 45 min away, approx 4 hrs)
- __ **MINIBIKES.** \$6 for 4 laps / person × _____ persons = \$ _____ (minimum group of 8; at Oakridge Ranch across the highway)

PER PERSON ACTIVITY SUBTOTAL: \$ _____ {D}

GROUP ADD-ONS: *Check all that apply.*

- __ **MOON BOUNCE.** \$100 for 2 hours - Great for smaller children!
- __ **WATER SPORTS.** \$400 per day; includes 1 ski boat with driver, 1 large tube, 5-seat inflatable banana, 4 canoes, 3 small sailboats, 1 windsurfer, skis, and knee board; extra boat rentals are \$300 for 3 hours; off-site at Ft. Cobb Lake (25 minutes away).
- __ **PARASAILING (EXTRA HIGH RISK!).** \$400 for 2 hours, \$100 per additional hour; about 3-5 rides per hour.
- __ **CAMPFIRE (2 HOURS) - \$25; add S'mores for \$2 per person.**
- __ **OPEN POOL TABLES (2) AND FOOSBALL TABLE (1) - \$50; regularly \$.50 per game**
- __ **WAGON RIDES (SEATS UP TO 40).** \$75 per hour; pulled by tractor.

GROUP ACTIVITY SUBTOTAL: \$ _____ {E}

ACTIVITY TOTAL {A+B+C+D+E}: \$ _____ {4}



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{5} EQUIPMENT: Please select the equipment and staff support needed. *Groups will be charged for every day's use, with a "day" being any part of a day.*
Contact our office to discuss your needs, if necessary.

EQUIPMENT	NOTES	COST	TOTAL COST
Sound System / Dining Hall	Small 8-channel, 1 mic	\$75	
Sound System / Chapel	16-channel board, 2-way system, 2 mics, snake, 2 monitors, with video projector, screen & monitor	\$125	
Sound System / Small Portable	Very small, CD, 1 mic	\$25	
Light System / Follow Spotlight	Requires operator	\$25	
Light System / Chapel Stage	16 large par cans w/ board	\$50	
Light System / Chapel Effect	9 effect lights on stage and floor	\$50	
Light System / Portable Trees (med)	8 medium par cans w/ board	\$50	
Light System / Portable Trees (small)	4 small cans	\$25	
Portable Video Projector		\$25	
DVD Player / Laptop		\$25	
Instruments (guitar, elec. keyboard)	Many options	\$25	
Wireless microphone	Up to 4	\$10 / mic	
Operator - Sound, Lights, Other	\$10 per hour	_____ x _____	
Equipment Totals	N/A	N/A	{5}

{6} CONTRACT COMPLETION METHOD Please check only ONE of the following:

___ **Email:** Save this file on your computer and send it as an attachment to **OAKRIDGE@OAKRIDGEMINISTRIES.NET**

___ **Mail to:** OAKRIDGE MINISTRIES RR 3 BOX 233 ANADARKO, OK 73005

___ **Fax:** 405.247.4899

{7} FINANCIALS & PAYMENT METHOD: Please make sure you've read all of the above steps very carefully and that you fully understand the different sections and options. Your event IS NOT CONFIRMED until we receive your deposit. For Day Outings, Oakridge requires a 50% Deposit. For further assistance, please call our office at 405.247.5433.

Today's Date: _____ Group/Event: _____ Group Leader: _____

{2} Meeting Room Total: \$ _____ {3} Meal Total: \$ _____
 {4} Activities Total: \$ _____ {5} Equipment Total: \$ _____

Event Total {2 + 3 + 4 + 5} = \$ _____ **{A}** This is your Event Total before your discount.

Large Group Discount (200 guest max):

Group Size _____ / 10 = _____ % (your large group discount) = _____ x **{A}** = _____ **{B}** (your discount)

{A} Minus **{B}** = _____ **{C}** (your final discounted total)

50% Deposit: Event Total {C} x .50 = \$ _____ Deposits are non-refundable but transferable within 90 days.

Your event cannot be confirmed until Oakridge has received your 50% Deposit. Please select only ONE from the following payment options:

___ A check is enclosed with this contract, the number is # _____.

___ A check will be sent you to in the mail immediately.

___ I would like to use a credit card(will add 4% service charge) : _____ - _____ - _____ - _____.

The expiration date is ____ / ____ . ___ MasterCard ___ Visa ___ Discover

___ I would like to use a credit card. Please call to get my information from over the phone (will add 4% service charge).

___ I would like to pay cash / money order.

DATE DEPOSIT RECEIVED: _____ **NOTES/AUTHORIZATION:** _____

ATTENTION GROUP LEADER

By signing below, you are stating that: {1} You will fulfill the terms of this contract; {2} you will read all relevant Oakridge documents provided to you in their entirety and agree to have your group abide by them while at Oakridge; and {3} any adjustment to the group number size stated on this contract should be communicated to Oakridge **NO LATER THAN ONE WEEK IN ADVANCE OF YOUR EVENT.**

GROUP AUTHORIZING SIGNATURE _____
If you're using our interactive PDF, Oakridge Ministries will accept your typed name as a valid signature.

TITLE _____ DATE _____

OAKRIDGE AUTHORIZING SIGNATURE _____

TITLE _____ DATE _____

**This contract offer is good for 7 days. Must receive deposit and completed contract to be confirmed.
 Day outings are not confirmed by Oakridge until 30 days prior to desired event date.**