



Camp Good News is a ministry of Child Evangelism Fellowship of Illinois, Inc.

26010 Liberty Ln.
Washington, IL 61571
(309) 444-3255

Email: campgn@flink.com

www.campgoodnewsil.org

Operations Director
Brian Eastling

Program Director
Dennis Schwarm

Facilities Manager
Brian Cordes



Since 1937

CEF

CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™

To Whom It May Concern:

We appreciate your interest in using Camp Good News as a retreat facility. We have reserved the date(s) of _____ for your use. If this agreement and a deposit has not been returned within 21 days and another group wants the same dates, you will be notified to forward the paperwork to us or your dates will be forfeited.

Enclosed are forms, which we request you complete and return. They are as follows:

- 1. Official Guidelines** – Please read this form carefully. Please return the signed Official Guidelines sheet to us.
- 2. Insurance Release** – If you have insurance which will cover your group while they are here, we request you sign this release and return it.
- 3. Retreat Rate Sheet** - The rates, which will apply to your group, are indicated on this sheet. Please note that we request a 20% deposit to secure the dates for your retreat. **The deposit is due within 21 days of booking the retreat.** We also ask that you pay for a minimum of 20 persons per night and 50 persons per day. This sheet can be kept for your files.
- 4. Retreat Agreement** – This sheet gives us all the information needed in order to prepare the campgrounds for your retreat. Two copies of the Retreat Agreement are enclosed. We ask that you complete one copy and return it to us. The second copy is for your records.
- 5. Sample Menus** – This sheet provides you with menu choices for the various meals you may have during your retreat. If you don't see a meal that fits your needs we can customize meals for your group. (possible extra charges may apply)

If you have any questions or need further information, please feel free to contact us during office hours of 9:00 a.m. to 5:00 p.m. We look forward to having you with us. Please send all completed forms to:

Camp Good News
26010 Liberty Lane
Washington, IL. 61571

Serving Our Lord,

Brian Eastling
Operations Director



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Official Guidelines

Date(s) of approved retreat _____

1. Adequate adult supervision will be provided for all groups.
2. Because of the nature of the wooded area, there will be no hiking in the woods without proper Adult supervision.
3. A reasonable curfew will be agreed upon with the Camp Director and observed.
4. **No one will use the Ropes Course or the Zipline without supervision provided by CAMP GOOD NEWS personnel.**
5. There will be no disturbing noise late at night.
6. No visiting of the opposite sex permitted in the cabin units.
7. Attire **must** be kept modest.
8. There will be no smoking, alcoholic beverages, profanity, guns, or knives used or brought onto the campground.
9. No pets will be brought to camp.
10. Permission must be obtained before building campfires. All fires will be properly extinguished when finished.
11. Permission must be obtained for use of the camp telephone.
12. **We will notify Camp Good News two weeks before arrival; of the number we expect to attend.** Since food will have already been purchased by the time of your arrival, we ask that you pay for the estimated number of persons to be served.
13. Meals will be served and observed at hours agreed upon by the group leader and Camp Director.
14. **Chapel, cabins, washrooms, and grounds will be clean and in order when checking out.**
15. **We understand our group will be responsible for breakage of camp property.**

****If reservations are cancelled the deposit will be forfeited.****
WE HAVE READ THE FOREGOING REGULATIONS AND
AGREE TO OBSERVE THEM.

Signed _____ Date _____



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Retreat Agreement Insurance Release

If you carry your own insurance, please sign the following statement:

The undersigned does hereby state that the organization or group that he/she represent shall carry their own liability insurance on the campers who shall use the facilities of Child Evangelism Fellowship of Illinois at Camp Good News, 26010 Liberty Lane, Washington, IL. 61571.

Signed _____

Date _____

Group _____

Retreat Dates _____



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Retreat Rates

Day Rate:

Minimum Charge _____ \$150.00
Each additional person after 50 _____ \$ 1.50

Lodging:

A minimum of 20 persons per night will be charged.

Overnight Rate(per night per person) _____ \$15.00

Meals:

Breakfast _____ \$ 4.50
Lunch _____ \$ 5.50
Dinner _____ \$ 6.50
Snack _____ \$ 1.50

***Dining Room use fee of \$25 per meal will be charged if you provide your own meals**

State Tax will be charged on meals if no tax exempt number.

Activities:

Campfire/Fireplace _____ \$ 10.00
Zip Line (per hour) _____ \$ 60.00
Low Ropes Course (per person) _____ \$ 12.50
Pool (per person per day) _____ \$2.00 Minimum _____ \$ 50.00
Lifeguard (per hour) (per lifeguard) (1 lifeguard per 25 people required) _____ \$ 15.00
Additional Ropes Course Facilitator (1 Facilitator per 20 people required) _____ \$ 15.00

Call Camp Good News for other activities, availability, and rates.

Insurance:

If your group does not carry insurance _____ \$ 2.00
(per person per 24 hours)

Deposit:

A non-refundable deposit of 20% of the estimated cost and retreat agreement must be received by the camp before reservations are confirmed. **Deposit is due 21 days after booking the retreat to secure the dates of the retreat.**

Disclaimer:

Rates are subject to change.



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Ck. # _____

Deposit _____

Retreat Agreement

Date(s) Reserved _____ Organization/Church _____

Address _____

Phone _____ Fax _____

Group Leader _____ Title _____

Arrival (day/time) _____ Departure(day/time) _____

LODGING:

Approximate number of people: Females _____ Males _____

We will need the following accommodations made ready. Please give specific numbers for each building.

(Winterized approx. 14 beds per room)

Duplex 1(A) _____ Duplex 1(B) _____ Speaker's Cabin _____ (Winterized approx. 3 beds)

Duplex 2 (A) _____ Duplex 2 (B) _____ Nurse's Cabin _____ (Winterized approx. 3 beds)

Duplex 2 (C) _____ Duplex 2 (D) _____

(Downstairs)

(Downstairs)

Number of Summer Cabins _____ (Warm Weather Only, approx. 8 beds per cabin)

Conference Center 12ft X 24ft meeting room with kitchenette **yes / no**

Dining Room seats 120 and has small lounge area **yes / no**

Chapel seats 180+ with small lounge area **yes / no**

EQUIPMENT NEEDS:

(Items available at any location) TV _____ VCR _____ DVD _____

(Items available in Chapel) Sound System _____ VCR _____ DVD _____ Data Projector _____ Computer _____

(Game Equipment for ball field) Frisbees, Softball, Basketball, Soccer, Tug of War Rope, 2 Giant Beach Balls, etc.

MEALS: Request meals **yes / no** Approximate #'s for meals: Children _____ Teens _____ Adults _____

Which meals requested. Include how many meals needed to be served and what time you would like them to be served and menu choice.

Breakfast _____

Lunch _____

Dinner _____

Snack _____

*If you are providing your own meals there is a \$25 charge per meal Dining Room Fee

Tax exempt number (if applicable) _____

State tax will be charged if no tax exempt number

ACTIVITIES:

Please give approximate date and time and number of participants.

Campfire _____

Guided Hike _____

Zipline _____ (two facilitators needed)

Pool _____ Lifeguard _____ (one lifeguard per 25 people)

Ropes Course _____ Facilitator _____ (one facilitator per 20 people)

INSURANCE: ALL GROUPS MUST CARRY INSURANCE ON RETREATERS!



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Phone _____ Fax _____

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Duplex 2 (A) _____ Duplex 2 (B) _____ Nurse's Cabin _____ (Winterized approx. 3 beds)

Duplex 2 (C) _____ Duplex 2 (D) _____

(Downstairs)

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Conference Center 12ft X 24ft meeting room with kitchenette **yes / no**

Dining Room seats 120 and has small lounge area **yes / no**

Chapel seats 180+ with small lounge area **yes / no**

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(Items available in Chapel) Sound System _____ VCR _____ DVD _____ Data Projector _____ Computer _____

(Game Equipment for ball field) Frisbees, Softball, Basketball, Soccer, Tug of War Rope, 2 Giant Beach Balls, etc.

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State tax will be charged if no tax exempt number

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Sample Menus for Retreats

Breakfasts (Cold Cereal always available upon request)

Choice #1
Scrambled Eggs
Sausage links or patties
Hash browns
Fruit
Milk
Juice

Choice #2
Cereal
Danish
Fruit
Milk
Juice

Choice #3
Pancakes
Sausage or Bacon
Fruit
Milk
Juice

Choice #4
Biscuits & Gravy
Fruit
Milk
Juice

Lunches

Choice #1 (most popular)
Ham or Turkey Sandwiches
Chips
Soup
Drink

Choice #2
Pizza
Salad Bar
Bread Stick
Drink

Choice #3
Corn Dogs
French Fries
Fruit
Vegetable
Drink

Choice #4
Chicken Nuggets
French Fries or Chips
Fruit
Vegetable
Drink

Dinners

Choice #1
Chicken Breast
Vegetable
Mashed Potato/Gravy
Dinner Roll
Drink
Dessert

Choice #2
Spaghetti
Salad Bar
Bread Sticks
Drink
Dessert

Choice #3
Mexican Bar
(Tacos, Burritos, etc)
Salad Bar
Drink
Dessert

Choice #4
Sliced Ham
Scalloped Potatoes
Vegetable
Dinner Roll
Drink
Dessert

Coffee and Hot Tea always available
Sodas available through Vending Machine

Menus may be customized to meet individual group needs
(Additional cost may apply for custom menus)

Snacks

Nachos
Cookies
Veggie Tray
Meat/Cheese Tray
Chips
Ice Cream (Additional Charge)