

Email correspondence should be sent to: kim@vohope.org— Cell Phone-580-583-7150

Camp Y'Shua Annual Reservation Form:

**VISION OF HOPE INC.
PO BOX 6272 LAWTON, OKLA. 73506**

Date Submitted: _____

Group Name: _____

Email: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Name of Point of Contact for Group: _____

Personal Email: _____

Personal Cell Phone: _____

Arrival Date: _____ Time: _____

Depart Date: _____ Time: _____

Type of Group: _____ Youth, Adult, College, Ect.

Gender of Group: _____ Male, Female, or Both

Estimated total number: _____ Vehicles arriving in: Bus ___ Cars ___ Vans ___

*** NON-REUNDABLE OPEN / CLOSING FEES REQUIRED WITH RESERVATION FORM**

| | | | |
|-----------------------------|-------|------------------------------|-------|
| MEDICINE CREEK LODGE | \$250 | | _____ |
| THE INN- Per side | \$125 | BOTH ___ | _____ |
| BUNK HOUSE-Per side | \$75 | BOTH ___ | _____ |
| BATH HOUSE | \$150 | With Bunkhouse \$100 | _____ |
| DAY USE ONLY BATHHOUSE | \$150 | Plus a \$5.00 per person fee | _____ |
| RV HOOK UPS BATHHOUSE | \$150 | | _____ |
| PRIMITIVE CAMPING BATHHOUSE | \$150 | | _____ |
| SCHOOL FIELD TRIP BATHHOUSE | \$150 | Plus a \$2.00 per person fee | _____ |

*** Weekend group use has a \$750 minimum total overnight user cost. Total** _____