Horton Haven Christian Camp PO Box 276, Chapel Hill, TN 37034 www.hortonhaven.org 931-354-7656 Office

Day Event and Activity Agreement (fill out and mail or email back to info@hortonhaven.org)

Organization:	Today's Date:
Contact Name:	Contact Cell #:
Email Address:	
Date of Event:	
Arrival Time: Departure Tim	e:
Number of Participants:	
Horton Haven to provide following meals:Bre	eakfastLunchDinner
Special Requests:	
Activities requested:	
Purpose:	
If you have any changes in this information pleas sure participants dress appropriately for the activation participants.	e contact Horton Haven as soon as possible. Make vities chosen. Minimum group size is 10
Cost Information:	
A total cost of your activities per person will be calc A deposit of 25% is due sixty days prior to your arr	
still obligated to pay for 27.	a loss of deposit.
Please sign and return this original agreement to Hor	rton Haven as soon as possible.
Your Name and Signature:	
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