



First Presbyterian Church of Leadville – Youth Center

299 McWethy Drive

Mailing Address: P.O. Box 498 - Leadville, Colorado 80461

(719) 486-0673 www.firspresleadville.org fpcleadville@gmail.com

We are happy to have your inquiry regarding the use of our facility for recreational, retreat, or mission purposes. Please read these policies covering the use of our facility and return this form (signed and with deposit) to confirm your reservation. Note the mailing address above.

1. Liability insurance must be provided by the sponsoring organization. All requests must state who is in charge and responsible for the group. This person is responsible for having medical-release forms for each person in the group.
2. A deposit of \$75.00 must accompany the application. This amount will be refunded if, upon inspection by a member of the church, no damage is discovered and it is cleaned and in the same order as when your group arrived, including outside around the buildings. (The premises will be cleaned and inspected before your arrival.)
 - a. Cancellations must be made one (1) month prior to arrival, otherwise your deposit will be forfeited
 - b. If the deposit is not received within two (2) weeks of the telephone reservation, your reservation will not be honored.
4. There is a fee of \$10.00 per person, per night. The facility includes one male and one female restroom, each with a shower. There are no beds so sleeping bags are a must and air mattresses are highly recommended. In addition, we do not furnish towels or other personal articles. There is an ample supply of dishes, silverware and cooking items in the kitchen. You will want to bring your own cups.
5. NO SMOKING is allowed in the building.
NO ALCOHOLIC BEVERAGES MAY BE USED ANYWHERE ON CHURCH PROPERTY (for several acres)
Failure to honor this policy will result in no return of the deposit money, and no further booking privileges.
6. There is a phone in the cabin for local calls only. For emergencies dial 911. NO OUTGOING LONG DISTANCE CALLS can be made from this phone.

We request overnight use of your facility : Arrival date _____ Departure Date _____

Purpose of the visit _____

Anticipated number in group: Adults _____ Youth _____ Estimated time of arrival _____

We have read the information about the facility and will abide by the rules. _____ (initial)

Organization Name

Person in Charge

Mailing Address

Telephone Number (including area code)

City, State, Zip

E-mail address

Name of Liability Insurance Carrier - required

Signature of Person in Charge