

Miracle Bible Camp
P.O. Box 450
Longville, MN 56655
Phone (218) 682-2714
E-mail mbcamp@uslink.net
Website www.miraclebible.com

USE CONTRACT

Name of Ministry Group _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email address _____

Contact Person _____ Phone _____

Retreat Dates _____

Spiritual Purpose _____

Number coming: (circle one) projected or actual numbers

Men _____

Women _____

Boys _____

Girls _____

Family camp / couples, number of separate family units _____

Additional speaker housing needed Yes ___ No ___

Projected arrival date/time _____

Projected departure date/time _____

Additional Comments _____

I HAVE READ THE ATTACHED USE POLICIES FOR MIRACLE BIBLE CAMP AND
AGREE TO ABIDE BY THEM.

Signature of contact person _____ Date _____

Signature of financial officer _____ Date _____

Deposit of 25 % must be enclosed with this form to secure reservation.
(25% can be based on estimated numbers if actual are not available).

One check from your church or non-profit organization payable to Miracle Bible Camp is the
method of payment.

A copy of your certificate of liability insurance must accompany this contract or be on file.
1/2009