



Ingalls Creek
Faith. Calling. Community.

12355 Ingalls Creek Rd. Peshastin, WA 98847
2016 USER REQUEST FORM

Organization: _____
Address: _____ City _____ State _____ Zip _____
Contact Name: _____ Contact Phone #: _____
Contact Email: _____ Alternate Phone #: _____
Expected Arrival Date: _____ Arrival Time: _____
Expected Departure Date: _____ Desired Departure Time: _____
Type of Group: _____
(Adult, Family, Sr. Hi, Jr. Hi, Boy Scout, etc...)

Facilities Requested

Lodge: (sleeps 40) We expect between (minimum) _____ and (maximum) _____ guests.

_____ Dormitories – sleep 32 (bunk beds) (additional space may be available in activity room area)

_____ Alpine Apartment Suite – sleeps 4 (1 Queen plus bunkbed) (kitchen available for groups of 15 or less)

_____ Lupine Suite – sleeps 4 (1 Queen plus bunkbed)

Camping: Number of campsites needed (max of 6 guests per site): _____ Approximate number of guests: _____

Day Use Only: number of guests expected _____

Deposit: A reservation/damage deposit is required to hold your reservation.

Cancellation Policy: Deposits are refundable up to 60 days before the event.

Payment: Balance of your retreat payment is due upon invoicing, after of your event.

In addition to this user request form, your group is required to provide a certificate of insurance. This certificate is obtained from your insurance company. It must list Ingalls Creek Enrichment Center as additional insured and include the dates that you will be using our facility. Certificate should be emailed to us at least one week prior to your event. Reservations are subject to confirmation and approval. For questions, contact: Registrar@ingalls creek.org or phone: (509) 548-3306.

The undersigned agree to indemnify and hold harmless Ingalls Creek Enrichment Center, its staff and volunteers, or any lessees from any and all loss or liability arising from the use or occupancy of the Ingalls Creek premises by any persons whomsoever during the time Ingalls Creek is used or occupied by the undersigned group. This indemnification extends to Alanna’s Landing and Bray family cabin, if used during this event.

We, _____ agree to the conditions, rules and standards in this document and on the Ingalls Creek website.

Signed: _____ Date: _____

Print Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Please sign and return along with the reservation/damage deposit to IngallsCreek Enrichment Center, 12355 Ingalls Creek Rd Peshastin WA 98847

Note: Ingalls Creek reserves the right to deny use or terminate use privileges to any group or individual that the Ingalls Creek Board or its representative determines to be harmful to the facilities, ministries, or purposes of Ingalls Creek, including disruptive or undesirable behavior impacting neighbors or other users. Purposes of Ingalls Creek Enrichment Center are stated in Ingalls Creek vision statement, and in our bylaws, with particular emphasis on Article IV, Tenents of Faith). Available upon request.