



FIVE POINTS MISSION
OLMSTED CENTER

PO Box 291, 114 Bay View Avenue
Cornwall on Hudson, NY 12520
olmstedctr@aol.com www.fivepoints.org
845.534.7900

**PLEASE COMPLETE THIS FORM. IF OUR OFFICE HAS APPROVED YOUR RETREAT DATES,
RETURN THE FORM WITH YOUR DEPOSIT CHECK PAYABLE TO FIVE POINTS MISSION.**

MAIL TO: P.O. BOX 291, CORNWALL ON HUDSON, NY 12520

CANCELLATION POLICY: Cancellation of the retreat sixty days or less prior to arrival date reserved will result in forfeit of deposit(s) unless another group is booked for that time period. If we are able to schedule another group for that day, a \$200 administration fee will be deducted from your returned deposit. Prior to 60 days, a \$150 administration fee will be deducted from your returned deposit.

Name of Organization: _____ 501(c)(3)#: _____

Name and Address of Contact Person (include zip code): _____

E-Mail: _____@_____ Organization Website(if available): _____

Home Phone: _____ Work or Cell Phone (if ok to call): _____

DESIRED DATES for Retreat:: _____ to _____
Month/day/year Arrival Time Month/day/year Departure Time

FACILITIES NEEDED for Retreat:
(Please Circle)

MANOR HOUSE
(Minimum: 15; Max: 30)

KIRKWOOD HOUSE
(Minimum: 10; Max: 20)

CABIN(S)
(min.: 12; Max: 69)

LINDSLEY DINING HALL
(Max: 115)

GROUND

IF RESERVING MORE THAN ONE FACILITY, MINIMUM TO RESERVE IS HIGHER. PLEASE CALL FOR DETAILS.

Number of people for whom you are reserving: _____

If reserving cabins, would you like meals provided? _____
(Meals are always provided for retreat house guests).

If we are providing meals: First meal (circle one): Breakfast/Lunch/Dinner on _____
8:00am / 12:30pm / 6:00pm DATE

Last meal (circle one): Breakfast/Lunch/Dinner on _____
8:00am / 12:30pm / 6:00pm DATE

Use of Swimming Pool? (Memorial Day thru Labor Day, only. Additional Fee applies). CIRCLE: YES NO

Use of Campfire? (First come first served basis. Weather conditions permitting). CIRCLE: YES NO

**PLEASE SUBMIT A CERTIFICATE OF GENERAL LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY NAMING
FIVE POINTS MISSION AS ADDITIONAL INSURED. THIS IS REQUIRED BY OUR INSURANCE COMPANY. THANK YOU.**

OFFICE USE ONLY

INVOICE # _____ 1ST DEPOSIT: \$ _____ CK# _____ 2ND DEPOSIT: \$ _____ CK# _____ OFFICE STAFF: _____

RATE: \$ _____ CODE: _____ GUEST NIGHTS: _____ CERTIFICATE OF INS. REC'D: _____ IPA'S REC'D: _____



CONTRACT – GROUP CONTACT PERSON: PLEASE READ & SIGN

This is a contract between _____ and
Olmsted Center (Five Points Mission) made on _____
DATE

Olmsted Center agrees to:

- ✓ Reserve facility specified on your application for your group, upon receipt of your 25% deposit before the two-week deadline and receipt of your second 25% deposit before the two-month prior to retreat deadline. Upon arrival your account balance should be at 50% or less. This amount is due upon arrival.
- ✓ Refund ½ of the initial deposit if the reserving group cancels the retreat prior to the two-month before retreat deadline.
- ✓ Refund ½ of the entire deposit if we are able to book another group and you have canceled after the two-month before retreat deadline.
- ✓ Provide meals at scheduled times and snacks with beverage service at different times throughout the day, unless other arrangements have been made with the center director. Breakfast 8:00am, Lunch 12:30pm, Dinner 6:00pm. Meals are always provided for our guests. \$33 of the cost is for 3 meals and a snack. Some special diets may be accommodated, if we are notified at least 3 weeks in advance. Any additional cost to us for special meal accommodations may be added to the final bill.
- ✓ Provide handicap accessibility to the first floors in Manor & Kirkwood, which includes the dining room, meeting rooms and bedrooms. Accessible bathroom is located across from the meeting room in Manor House and off of the sunroom in Kirkwood House. Unfortunately, our cabins are not wheelchair accessible.
- ✓ Provide linens for guests (pillow, sheets, blanket, towel, washcloth, and soap) in Kirkwood House and Manor House. No linens are provided in Cabins.
- ✓ Provide, upon request, equipment, such as lectern, TV, DVD, overhead projector, and easel. In emergency situations, we can provide copies at 5 cents per copy. Faxes are \$1.50/page to send and receive.
- ✓ Provide a public telephone for guests' incoming and outgoing calls. Manor House public phone number is (845) 534-2281. The Lindsley Dining Hall public phone number is (845) 534-8875. Kirkwood House does not have a public phone. Kirkwood House's phone number is (845) 534-3976 for incoming calls. **FOR OUTGOING CALLS IN KIRKWOOD HOUSE YOU MUST HAVE A CALLING CARD OR CREDIT CARD TO MAKE A CALL.** It is necessary to dial "9" to get an outside line. In case of an emergency, family of guests may reach them by calling the Olmsted office at (845) 534-7900 x11. When no one is on duty the voice mail will take the call.
- ✓ Provide a first aid kit for guest use located in each facility's kitchen. No first aid treatment will be provided by our staff. We provide insurance coverage for our guests. Guests requiring a trip to the doctor or hospital due to an injury on our property should see the center director for appropriate paper work before leaving for the medical facility. **ALL ACCIDENTS MUST BE REPORTED TO THE CENTER DIRECTOR.**
- ✓ Provide recreation facilities: Ping-Pong table (request prior to retreat), basketball court, tennis court, playing fields, hiking trails. Please bring your own equipment for outdoor games.



Rental Group agrees to:

- Pay deposits on time, as scheduled. Pay balance due for group's retreat upon arrival.
- Notify Olmsted Center immediately, if group has decided to cancel the booking.
- Reserve Kirkwood House for adult groups only. We welcome retreat groups including children to use our cabin facilities or Manor House. Please note that Manor House groups with children require an additional, refundable deposit. If you have children in your group, please call to reserve our cabins or Manor House.
- Devise a program schedule adhering to meal times stated above, and allowing time at the beginning of the retreat for a center staff person to welcome and address the group.
- Provide adequate supervision for the group and provide the programming for the length of your stay. Youth must have a ratio of 1 adult chaperone for every 8 youth (ages 5-17). A greater number of chaperones is necessary for children younger than 5. **We recommend that you bring an adult who is certified in First Aid and CPR.**
- Provide recreation equipment that may be needed for your group, such as basketballs, playground balls, softballs, bases, bats, tennis balls, racquets, etc.
- Pay for any damage to physical property caused by a participant from the group.
- Give at least 3 weeks notice to the center director, of any special dietary; needs of your group. This includes low-salt, low-fat, no red meat, no pork, vegetarian, and vegan. If it becomes necessary to prepare two completely separate meals, there may be an additional charge, though this is seldom the case. **Last minute requests may not be accommodated, so please check with all members of your group.**
- Remove linens from beds and put them, along with towels and washcloths, into pillowcases the morning of departure from Kirkwood House or Manor House.
- Take responsibility for transportation of guest(s) to hospital, if needed. **EMERGENCY TRANSPORTATION MAY BE REACHED BY CALLING 911 FROM A PAYPHONE, OR 9-911 FROM ANY OTHER CAMP PHONE.** You must notify the center director as soon as possible of any injuries to guests.
- Abide by Olmsted's policies:**

NO ALCOHOL, ILLEGAL DRUGS, FIREARMS, OR WEAPONS OF ANY KIND ARE PERMITTED ON OLMSTED'S PREMISES.

NO SMOKING IS PERMITTED IN ANY BUILDINGS. THERE IS SMOKING ONLY IN DESIGNATED AREAS OUTSIDE.

PLEASE REVIEW THESE AGREEMENTS WITH YOUR GROUP MEMBERS SO THAT EVERYONE IS AWARE OF HIS/HER RESPONSIBILITIES. THANK YOU.

Signature of Group Representative

Date

Center Director

Date

PLEASE SIGN & RETURN WITH YOUR APPLICATION AND DEPOSIT PAYABLE TO FIVE POINTS MISSION.



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**INDIVIDUAL REGISTRATION
FOR RETREAT PARTICIPATION**

Contact person: MAKE A COPY FOR EACH RETREAT PARTICIPANT

Please fill out this form, and return it to the contact person for your retreat.

Please Note: Cancellation of the retreat sixty days or less prior to arrival will result in forfeit of deposit(s) unless another individual(s) is booked for that time period. If we are able to schedule another individual(s) for that day, one half of the deposits will be returned.

Retreat Group Name: _____ Dates of Retreat: _____

Name: _____ Phone: _____

Address (include zip, please): _____

E-mail Address: _____

PLEASE CHECK IF WE MAY SEND YOU OUR NEWSLETTER 3 TIMES PER YEAR by email by U.S. mail

In case of emergency contact name: _____

Address (include zip, please): _____

Relationship to Participant: _____

Home Phone: _____ Work or Cell Phone: _____

DIETARY INFORMATION

Please list any foods to which you are allergic: _____

We try to cater our menus to each group's needs. Unfortunately, we cannot provide the necessary foods for all allergies. If you bring special foods with you that are medically necessary, we may be able to prepare them for you (for example, gluten free pasta or bread for toast/sandwiches). **If you have a severe allergy, please check with the kitchen at each meal to be sure that we have made accommodations for you.**

Please return this form to your retreat contact person by: _____

Retreat Group Contact Person –

Please return all Individual Participant Registrations to:

Olmsted Center
P.O. Box 291, Cornwall on Hudson, NY 12520

NO LATER THAN: _____