## TIGER MOUNTAIN CONFERENCE CENTER

## PAYMENT WORKSHEET FOR RENTAL OF FACILITY

| (Note: Minimum charge of \$400.00 per day)  Over 196 If Applicable  # of Campers  | # of Campers                        | X # of Days                                | X        | \$9.00   | =          |               |
|---|-------------------------------------|--|----------|----------|------------|---------------|
| # of Campers  |                                     | (Note: Minimum charge of \$400.00 per day) |          |          |            |               |
| USE OF VARIOUS FACILITY AREAS:  *Cabins (including Staff House/Guest Speaker Cabin)  # of Cabins  | Over 196 If Applicable              |  |          |          |            |               |
| *Cabins (including Staff House/Guest Speaker Cabin)  # of Cabins  | # of Campers                        | X # of Days                                | <b>x</b> | \$5.00   | =          |               |
| # of Cabins   | USE OF VARIOUS FACILITY AF          | REAS:                                      |          |          |            |               |
| *Trailer Park Rental: # of Trailers   | *Cabins (including Staff House/Gue  | est Speaker Cabin)                         |          |          |            |               |
| # Additional Persons in Trailers X # of Days X \$375.00 =  *TABERNACLE # of Days X \$375.00 =  *PADDED CHAIRS (IF USED) # of Chairs X \$5.00 =  DAY GROUPS ONLY FOR A 12 HOUR PERIOD OR PART THEREOF  *Dining Hall/Restrooms (NOTE: Minimum Charge \$450.00 FOR 0-50 PEOPLE) =  Over 50 people: # of additional people X \$9.00 =  *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =  TOTALS CHARGES  ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.  Make Check Payable to: New Horizons Ministries  Mail Check to: New Horizons Ministries  Mail Check to: New Horizons Ministries  3905 S. Elm Place   State Zip Code | # of Cabins                         | X #ofDays                                  | _ X      | \$30.00  | =          |               |
| #TABERNACLE # of Days   | *Trailer Park Rental: # of Trailers | X #ofDays                                  | _ X      | \$25.00  | =          |               |
| *PADDED CHAIRS (IF USED) # of Chairs X \$5.00 =  DAY GROUPS ONLY FOR A 12 HOUR PERIOD OR PART THEREOF  *Dining Hall/Restrooms (NOTE: Minimum Charge \$450.00 FOR 0-50 PEOPLE) =  Over 50 people: # of additional people X \$9.00 =  *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =  TOTALS CHARGES  ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.  Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  City State Zip Code   | # Additional Persons in Trailers    | X # of Days                                | _ X      | \$4.00   | =          |               |
| *DAY GROUPS ONLY FOR A 12 HOUR PERIOD OR PART THEREOF  *Dining Hall/Restrooms (NOTE: Minimum Charge \$450.00 FOR 0-50 PEOPLE) =  Over 50 people: # of additional people X \$9.00 =  *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =  TOTALS CHARGES  ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.  Make Check Payable to: New Horizons Ministries  Mail Check to: New Horizons Ministries 3905 S. Elm Place  City State Zip Code   | *TABERNACLE                         | # of Days                                  | X        | \$375.00 | =          | ( April 1987) |
| *Dining Hall/Restrooms (NOTE: Minimum Charge \$450.00 FOR 0-50 PEOPLE) =  Over 50 people: # of additional people X \$9.00 =  *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =  TOTALS CHARGES  ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.  Make Check Payable to: New Horizons Ministries  Mail Check to: New Horizons Ministries 3905 S. Elm Place  City State Zip Code  | *PADDED CHAIRS (IF USED)            | # of Chairs                                | _ X      | \$5.00   | =          |               |
| Over 50 people: # of additional people X \$9.00 =  *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =   | DAY GROUP                           | S ONLY FOR A 12 HOUR PE                    | RIOD     | OR PART  | THERI      | EOF           |
| *TABERNACLE: \$525.00 PER 12 HOUR PERIOD OR ANY PART THEREOF =  *PADDED CHAIRS (if used) \$5.00 per CHAIR # of chairs X \$5.00 =  | *Dining Hall/Restrooms (NOTE:       | Minimum Charge \$450.00 FO                 | R 0-50   | PEOPLE)  | =          | A.,           |
| ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP.  10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.    Make Check Payable to: New Horizons Ministries   Mail Check to: New Horizons Ministries   Address   City State Zip Code  | Over 50 people:                     | # of additional people                     |          | X \$9.00 | ) =        |               |
| ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.  Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.  Rental Group Name  Address  City State Zip Code  | *TABERNACLE: \$525.00 PEI           | R 12 HOUR PERIOD OR ANY                    | PART     | THEREO   | <u>F</u> = |               |
| ADD: BREAKAGE/DAMAGE  TOTAL PAYMENT TO BE MAILED  ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.  Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  Address City State Zip Code   | *PADDED CHAIRS (if used) \$5.0      | 0 per CHAIR # of chairs                    |          | X \$5.0  | 0 =        |               |
| ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP. 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.    Make Check Payable to:   Rental Group Name   |                                     | TO   | TALS     | CHARGE   | S          |               |
| ***NOTE: PAYMENT IS DUE WITHIN 30 DAYS OF END OF CAMP.  10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS.  THANK YOU.  Rental Group Name    Make Check Payable to: New Horizons Ministries   Address   Address  |                                     | ADD: BRE                                   | AKAG     | E/DAMA   | GE         |               |
| 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.  Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  Rental Group Name  Address  City State Zip Code  |                                     | TOTAL PAYMEN                               | TTOI     | BE MAIL  | ED         |               |
| 10% CHARGE WILL BE ADDED EVERY 30 DAYS FOR LATE PAYMENTS. THANK YOU.  Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  Rental Group Name  Address  City State Zip Code  |                                     |  |          |          |            |               |
| Make Check Payable to: New Horizons Ministries Mail Check to: New Horizons Ministries 3905 S. Elm Place  Rental Group Name  Address  Address  City State Zip Code   |                                     |  |          |          |            |               |
| New Horizons Ministries  Mail Check to:  New Horizons Ministries  3905 S. Elm Place  Address  City State Zip Code   | 10% CHARGE WIL                      |  |          | 101( = 7 |            |               |
| New Horizons Ministries  Mail Check to:  New Horizons Ministries  3905 S. Elm Place  Address  City State Zip Code   | Make Check Payable to:              | Rental Group Name                          |          |          |            |               |
| New Horizons Ministries  3905 S. Elm Place  Address State Zip Code  |                                     | Rental Group Trains                        |          |          |            |               |
| 3905 S. Elm Place City State Zip Code   | Mail Check to:                      |  |          |          |            |               |
|   | New Horizons Ministries             |  |          |          |            |               |
| Phone Fmail   | 3905 S. Elm Place                   | City                                       |          | State    |            | Zip Code      |
| Broken Arrow, UK 74011 FiloneEnten  | Broken Arrow, OK 74011              | Phone                                      | E        | mail     |            |               |