



H.E. BUTT
FOUNDATION CAMP

Dear Group Leader:

We are delighted that you have booked the use of our facilities for your camping program. Every year, God uses H. E. Butt Foundation Camp to touch the lives of thousands of people. The H. E. Butt Foundation staff is pleased and grateful to be partners with you and to have a small part in God's work in the Canyon.

We offer our facilities for your use at no charge. We ask that each group adhere to a high standard of care and stewardship of the facilities provided to them so that the dream of Mr. and Mrs. Howard Butt, Sr. can live on for generations to come.

Guidelines for use of H. E. Butt Foundation Camp can be found on our website at **foundationcamp.org/guidelines** (select "camp guidelines").

This document contains a lot of important information regarding use of our facilities, and it will answer many of your questions about coming to camp.

Please take some time to read through the enclosed material. I am more than happy to answer any questions you may have during the planning process; do not hesitate to contact me for any reason.

Blessings,

Janet Bizzell
Registrar, H. E. Butt Foundation Camp
jbizzell@hebfdn.org
830-315-9206



**H.E. BUTT
FOUNDATION CAMP**

CAMPSITE: _____

Retreat Date: _____

RESERVATION FORM

Please return your completed reservation packet, including insurance and medical/lifeguard certificates to Janet Bizzell two weeks prior to your retreat date.

CHECK-IN (MUST BE AFTER 4:00 PM)

DATE:	DAY:	TIME:
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CHECK-OUT (MUST BE BY 12:00 NOON)

DATE:	DAY:	TIME:
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GROUP INFORMATION

LEGAL NAME OF ORGANIZATION:	
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PHONE:	WEBSITE:
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ADDRESS:

CITY:	STATE:	ZIP:
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GROUP LEADER NAME:

WORK PHONE:	MOBILE PHONE:	HOME PHONE:
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EMAIL ADDRESS:

EMERGENCY CONTACT (A PERSON NOT ATTENDING THE RETREAT)

NAME:

WORK PHONE:	MOBILE PHONE:	HOME PHONE:
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EMAIL ADDRESS:

I HAVE READ THE GUIDELINES FOR USE OF THE H. E. BUTT FOUNDATION CAMP AND AGREE THAT WE WILL COMPLY WITH THEM.

SIGNATURE (<i>person in charge of retreat</i>):	DATE:
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RESERVATION FORM (CONTINUED)

Please return your completed reservation packet, including insurance and medical/lifeguard certificates to Janet Bizzell two weeks prior to your retreat date.

EXPECTED NUMBER OF GUESTS

In order for us to honor our mission and be good stewards on behalf of our contributors, it is helpful for us to track the number of guests served by the H. E. Butt Foundation Camp program, including the percentage of attending campers who would not otherwise be able to afford such an experience.

CAMPERS: _____

STAFF: _____

NUMBER OF FIRST-TIME CAMPERS: _____

TOTAL _____

ELEMENTARY (0-11 YEARS):	MALE:	FEMALE:
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SECONDARY (12-18 YEARS):	MALE:	FEMALE:
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COLLEGE (19-24 YEARS):	MALE:	FEMALE:
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ADULTS (25-55 YEARS): _____

SENIORS (55+ YEARS): _____

NUMBER OF INDIVIDUAL FAMILIES: _____

PERCENTAGE OF ATTENDING CAMPERS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD SUCH AN EXPERIENCE: _____

NOTE: Please remember to submit the Certificate of Insurance for your group's Commercial General Liability Insurance policy, which must specifically name H. E. Butt Foundation Camp as an Additional Insured with minimum coverage of \$1 million per occurrence.



**H.E. BUTT
FOUNDATION CAMP**

INDEMNITY AGREEMENT

This form must be signed by a legally responsible leader in your organization.

WE, (THE PERMITTEE), AGREE TO PROTECT, DEFEND, INDEMNIFY, AND SAVE THE H. E. BUTT FOUNDATION, ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (THE FOUNDATION) HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION OF EVERY KIND AND CHARACTER, LOSSES, COSTS, EXPENSES (INCLUDING ATTORNEYS' FEES), AND DAMAGES OF EVERY KIND AND CHARACTER, WITHOUT LIMIT AND WITHOUT REGARD TO THE CAUSE OR CAUSES THEREOF, OR THE NEGLIGENCE OF ANY PARTY OR PARTIES, INCLUDING THE NEGLIGENCE OF THE FOUNDATION WHETHER SUCH NEGLIGENCE BE SOLE, JOINT, OR CONCURRENT FOR INJURY, ILLNESS, OR DEATH OF ANY PERSON OR DAMAGE TO ANY PROPERTY ARISING OUT OF ACTIVITIES OF OR IN CONNECTION WITH THE USE OF THE H. E. BUTT FOUNDATION CAMP FACILITIES LOCATED NEAR LEAKEY, TEXAS, BY PERMITTEE, ITS TRUSTEES, DIRECTORS, OFFICERS, PASTORS, MEMBERS, EMPLOYEES, GUESTS, CAMPERS, AND ANY OTHER PERSON ASSOCIATED THEREWITH.

IT IS THE EXPRESS INTENTION OF THE PARTIES HERETO, BOTH THE FOUNDATION AND THE PERMITTEE, THAT UNDER THE INDEMNITY PROVIDED BY THE IMMEDIATELY PRECEDING PARAGRAPH, THE PERMITTEE SHALL INDEMNIFY AND PROTECT THE FOUNDATION FROM THE CONSEQUENCE OF THE FOUNDATION'S REAL OR ALLEGED NEGLIGENCE.

H. E. BUTT FOUNDATION CAMP GUIDELINES:

WE, (THE PERMITTEE), UNDERSTAND AND AGREE TO COMPLY WITH THE CAMPING GUIDELINES OF THE H. E. BUTT FOUNDATION CAMP FOR THE USE OF THEIR FACILITIES AS EXPLAINED ONLINE: [HTTPS://FOUNDATIONCAMP.ORG/GUIDELINES](https://foundationcamp.org/guidelines)

TEXAS DEPARTMENT OF HEALTH REQUIREMENTS:

WE, (THE PERMITTEE), AGREE TO COMPLY WITH THE REQUIREMENTS OF THE TEXAS DEPARTMENT OF HEALTH AS LISTED IN THE CAMPING GUIDELINES AND EXPLAINED ONLINE: [HTTP://WWW.DSHS.STATE.TX.US/YOUTHCAMP](http://www.dshs.state.tx.us/youthcamp)

SIGNATURE:

DATE:

PRINTED NAME:

TITLE:



TEXAS YOUTH CAMP CLASSIFICATION

QUESTIONNAIRE

Use the following questionnaire to determine if your program is classified as a Youth Camp under the Texas law:

- | | | |
|--|---|---|
| 1. WILL YOUR GROUP CAMP ACCOMMODATE AT LEAST FIVE CHILDREN UNDER THE AGE OF 18? | Y | N |
| 2. WILL THE CHILDREN BE APART FROM THEIR PARENTS OR LEGAL GUARDIANS? | Y | N |
| 3. WILL YOUR CAMP STAY INCLUDE ALL OR PART OF FOUR CONSECUTIVE DAYS? | Y | N |
| 4. WILL YOUR CAMP BE OPERATED BY AN ORGANIZATION OTHER THAN AN INSTITUTION OF HIGHER LEARNING? | Y | N |
| 5. WILL YOUR CAMP TAKE PLACE DURING A SCHOOL VACATION PERIOD? | Y | N |
| 6. IS YOUR GROUP LICENSED BY AN ORGANIZATION OTHER THAN THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES? (CHOOSE "N" ONLY IF YOUR GROUP IS LICENSED BY TX DEPARTMENT OF FAMILY PROTECTIVE SERVICES) | Y | N |

If you marked Y to all of the above questions, your program is classified as a Youth Camp under Texas law. You will need to familiarize yourself with the Texas Youth Camp Safety and Health Act as found at <http://www.dshs.state.tx.us/youthcamp/rules.shtm>.

YOUTH CAMP REQUIREMENTS

If your group is classified as a Youth Camp under Texas law, you will need to submit the following documentation:

- DOCUMENTATION OF COMPLETION OF CRIMINAL CONVICTION AND SEX OFFENDER BACKGROUND CHECK FOR EACH ADULT (INCLUDING STAFF AND VOLUNTEERS) THAT WILL BE ATTENDING. SEE STAFF CERTIFICATION REGISTER.
- DOCUMENTATION OF COMPLETION OF SEXUAL ABUSE AWARENESS TRAINING AND EXAM FOR EACH ADULT (INCLUDING STAFF AND VOLUNTEERS) THAT WILL BE ATTENDING. SEE STAFF CERTIFICATION REGISTER.



STAFF CERTIFICATION REGISTER

Please complete the following table. Shaded areas need to be completed by Youth Camp designees only.

GROUP NAME:

NAME OF GROUP LEADER:

All adults attending a camp as staff, volunteer, employees, chaperones, or other adult guests must have a criminal background check and complete Sexual Abuse & Child Molestation Awareness training such as the Youth Protection Training offered for free online by Boy Scouts of America at www.scouting.org.

STAFF CERTIFICATION REGISTER (ADD ROWS AS NEEDED)

NAME	POSITION	GENDER M/F	LICENSE EXPIRES:	DATE OF SEXUAL ABUSE & CHILD MOLESTATION AWARENESS TRAINING	DATE OF CRIMINAL BACKGROUND CHECK AND SEX OFFENDER STATUS
	MEDICAL STAFF <i>(include copy of license)</i>				
	MEDICAL STAFF <i>(include copy of license)</i>				
	LIFEGUARD <i>(include copy of certification)</i>				
	LIFEGUARD <i>(include copy of certification)</i>				
	GROUP LEADER				

AS THE GROUP LEADER, I HEREBY ATTEST TO THE FACT THAT THE STAFF, EMPLOYEES, VOLUNTEERS, AND ANY OTHERS WORKING AT THE ABOVE NAMED EVENT HAVE MET THE STANDARDS TO SERVE IN THEIR CAPACITIES AS REQUIRED BY LAW.

SIGNATURE *(group leader)*:

DATE:



PROGRAM SCHEDULE

Please attach a copy of your group's Program Schedule. See following page for a sample schedule.

If you have a guest speaker or any other outside program support people who will be conducting any portion of the retreat, please list the name of the person(s) or organization and the subject of the program or activity they will provide.

NAME:

ORGANIZATION:

TYPE OF PROGRAM OR ACTIVITY:

NAME:

ORGANIZATION:

TYPE OF PROGRAM OR ACTIVITY:

NAME:

ORGANIZATION:

TYPE OF PROGRAM OR ACTIVITY:

NAME:

ORGANIZATION:

TYPE OF PROGRAM OR ACTIVITY:

NAME:

ORGANIZATION:

TYPE OF PROGRAM OR ACTIVITY:



PROGRAM SCHEDULE

Please attach a copy of your group's Program Schedule. Attach additional pages as needed.

Lined area for writing the program schedule, consisting of approximately 28 horizontal lines.

DAY 1

ARRIVE AND UNPACK
ORIENTATION
EVENING MEAL
ROUNDUP
NIGHT ACTIVITIES

DAY 2

MORNING TIME
BREAKFAST
FIRST ACTIVITY
SECOND ACTIVITY
LUNCH
GROUP TIME
REST
DINNER
ROUNDUP
NIGHT ACTIVITIES

DAY 3

MORNING TIME
BREAKFAST
FIRST ACTIVITY
SECOND ACTIVITY
LUNCH
GROUP TIME
REST
DINNER
ROUNDUP
NIGHT ACTIVITIES

DAY 4

MORNING TIME
BREAKFAST
CABIN CLEANUP
DEPARTURE INSPECTION