



P.O Box 281
Barkly West
8375

Cell: 081 329 1971/083 284 2299
Email: amanda@kelrn.com
Reg. no: IT112/2011

We hereby apply for the use of: ☐ **Pro Regno** ☐ **Deo Gloria** (please tick)

Date: _____ to _____

Name of church: _____ Group: _____

Group leader: _____ Contact person: _____

Contact number: _____ Email address: _____

Arrival date: _____ Arrival time: _____

Expected number of people: _____ Expected time of departure: _____

To make a booking the number of people to camp must be a minimum of 60. If for whatever reason there should arrive less people, you will still be held liable for the minimum rate of 60 persons.

RATES:

Pro Regno: R150 per person per night **SELF CATERING**

Deo Gloria: R150 per person per night **SELF CATERING**

Pro Regno: R140 per person per night **IF PRO REGNO CATERING IS REQUIRED
(CATERING EXCLUDED IN THIS PRICE, PLEASE REQUEST A QUOTATION)**

Deo Gloria: R140 per person per night **IF PRO REGNO CATERING IS REQUIRED(CATERING EXCLUDED IN
THIS PRICE, PLEASE REQUEST A QUOTATION)**

Day visitor: R70 per day

Catering: (if applicable) – as per quotation, depending on the menu requested

DEPOSIT:

- A refundable deposit of R2 500 must be paid to confirm your booking.
- Email the completed application to the address above.
- If no forms are received within two weeks, the booking will be cancelled.
- The deposit is not transferable to the next booking.
- The deposit must be paid to the following bank account:

Pro Regno Trust

Standard Bank

Barkly West

Branch code: 05 02 02 00

Account number: 04 049 5604

Reference: Name of the church/group

REFUND OF DEPOSIT:

Banking details

Account name: _____ Branch name: _____
Account number: _____ Branch code: _____
Bank: _____

CAMP RULES:

- Each visitor is responsible for their own bedding (and cutlery if self catering).
- No alcoholic beverages are permitted on the camp sites.
- Smoking is not permitted inside the buildings.
- Mattresses may not be moved around.
- No vehicles on the grass.
- If any property is damaged, you will be held responsible for the damage.
- A tuck shop is available on the camp site. No private sales are allowed.
- Camp fees are payable at the caretaker at the end of the camp.
- Please ensure that the campsite, buildings and kitchen are neatly left behind upon your departure.
- The deposit will only be refunded once the caretaker finds everything in order.

CATERING:

Self catering: Scullery facilities are available.
Bring your own dishwashing materials and detergents with.
Bring your own cutlery.

Catering by Pro Regno Trust: Cutlery will be provided, as well as the cleaning thereof.

In the event of self catering, you are not allowed to outsource the catering to another party.

Cleaning is your own responsibility!

I hereby confirm that I accept the above-mentioned terms and that all information provided are correct.

Group leader: _____ Signature: _____
Date: _____

Please note: No forms without signatures will be accepted!

Please find attached the indemnity forms. Completion of these forms are very important!



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INDEMNITY FORM BY ORGANISER/LEADER/MANAGER

I, the undersigned,

Full name and surname: _____

ID number: _____

Address: _____

Cell phone number: _____

in my capacity as organiser/leader/manager of:

_____ (group name and details)

that intends to camp on _____ (dates),

undertake to have the attached indemnity form signed by each camper, or, in case of a minor, his/her parent(s) or guardian(s), by lack whereof I will assume full responsibility for any damage, injury and/or expenses as referred to in the attached indemnity form, and in my personal capacity I indemnify Pro Regno Trust, its employees, trustees, agents, clients and others as mentioned in the attached indemnity form.

Signed at _____ (place)

on _____ (date)

Signature _____

(Please turn page for individual indemnity as mentioned above)



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INDEMNITY FORM BY INDIVIDUAL

UNDERSIGNED:

Full name and surname: _____

Capacity: _____

ID number: _____

Home address: _____

Contact details: _____ (home)

_____ (cell phone)

_____ (work)

CHILD:

Full name and surname: _____

Date of birth: _____

Medical fund: _____

Medical fund number: _____

Medical fund plan: _____

Medical conditions: _____

Allergies: _____

Medication: _____

I (the undersigned) indemnify Pro Regno Trust (hereafter known as the “indemnified party”) of Barkly West (the indemnified party includes Pro Regno Trust itself, any representatives, employees, agents, clients and any other persons and/or institutions that is in any manner, means and of any nature involved with the indemnified party) as follows:

I guarantee and confess that the information contained herein is true and accurate and I will take full responsibility and risk should any information contained herein be vague, unclear, insufficient or incorrect.