

TROPHIES OF GRACE WHITETAIL DEER HUNT 2018 REGISTRATION

Office Use Only	
Date Received	_____
Group #	_____
Cabin #	_____

Please use **ONE** form for **EACH** person attending. Husband & wife/ child may use same form. Feel free to make copies.

Arrival Date _____

Departure Date _____

Last Name _____ First Name _____

Spouse
If attending: _____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Email _____

Emergency Contact _____ Phone # (____) _____

LOTHAC strongly encourages family participation. Should you have 3 or more people from the same family unit attending, please call for special pricing consideration.

Rates include lodging and food for entire stay. No discount for trailers, tents or camping in other areas of the park.

Day visitors are welcome. We only ask for a donation for any meals you share with us.

LODGING:

_____ Family Cabin
 _____ Trailer Size _____ Type _____
 _____ Other _____
Electric Hookup (as available)
 _____ Cabin / Hunters (Please list cabinmates)

Pre-Registration Rates (by September 30th – eligible for early registration drawing)

Number of adults (16 & over) _____ X # of days _____ X \$50/day= \$ _____ (\$250 per adult week rate)

Number of youths (6 – 15) _____ X # of days _____ X \$25/day= \$ _____ (\$120 per youth week rate)

Walk-in or late Registration Rates (If Registrations is not received by October 15th)

Number of adults (16 & over) _____ X # of days _____ X \$60/day= \$ _____

Number of youths (6 – 15) _____ X # of days _____ X \$30/day= \$ _____

Number of kitchen chore buyouts _____ X \$50 = \$ _____

Total Due: _____

Deposit (50%): (_____)

Balance Due on arrival: _____

A minimum deposit of 50% is required with registration. To be eligible for an early registration drawing, you must be paid in FULL by SEPTEMBER 30th.

(over)

Each adult registering on this application must sign the Waiver of Liability. Any person under the age 18 years as listed on this form, must have a parent or legal guardian sign.

As a participant or visitor in any capacity of the above hunt, I hereby agree that the Lord of the Harvest Archery Club, Christian Bowhunters of America, their officers and members will not be liable for any sickness, injury, or property damage or loss that may occur to me or my property during my attendance at this function. Furthermore, I agree to hold harmless the Lord of the Harvest Archery Club, Christian Bowhunters of America, their officers and members against any and all claims arising out of my actions during attendance at this function.

Signature_____

Spouse_____

Parent/Legal Guardian (if applicable)

(PRINTED NAME)

(SIGNATURE)

******* PLEASE NOTE *******

Electrical hookups for campers & tents are available on a first registered basis.

God has blessed LOTHAC with another year of ministering through this hunt and we will continue as long as He wills. God has blessed us beyond measure and we are thankful for the work that HE has done in this place and for the lifelong friendships that have been made. But we are very cognizant of the fact of life that we are getting older and our physical bodies fail us more and more. We cannot say when our last year will be and pray for many more.

Your LOTHAC Family

Please mail the completed form to:

Lord of the Harvest Archery Club
Tar Hollow Hunt
P.O. Box 294
Vandalia, Ohio 45377