**Camp Perry Lodging and Conference Center**

1000 N. Lawrence Road BLDG 600 Port Clinton, OH 43452

614-336-6214 or 1-888-889-7010

**Email:** cplccinfo@gmail.com **Website:** www.cplcc.com

**WOUNDED WARRIOR TEAM RESERVATION REQUEST INFORMATION**

Wounded Warrior Team submission date: March 6, 2025, beginning at 8:00AM – form available via the website link.

**Email completed form to cplccinfo@gmail.com**

Organizations or clubs requesting team lodging must be able to provide proof of being a CMP Affiliated Club. Your information may be verified through The CMP prior to processing your reservation request, or at any time throughout the Match timeline. If you are found to be requesting within the wrong timeframe, your request and future requests may not be honored.

Each Wounded Warrior Team may only submit one request form. The form should indicate all the dates that the team members are planning to attend. Submitting on the wrong dates, or duplicate request forms may cause elimination of all reservation requests.

Each Team must have one Point of Contact, (POC). Each Team may have one Alternate POC if necessary. These individuals must be clearly identified.

**The Team POC is responsible for the following:**

• Beginning March 6, 2025 at 8:00 AM, complete and submit a 2025 National Match Team Reservation Form for your Wounded Warrior Team requesting the type and quantity of lodging requested. The form must list the number of occupants with the arrival and departure dates of each unit requested. Please indicate whether a handicap ramp is required or not.

Walk in requests will not be accepted.

• After receiving confirmation from Camp Perry Lodging on the units we are able to provide, the POC will be required to make a **NON-REFUNDABLE** deposit equal to the first night’s stay on all units assigned to the Team. Deposits must be received within 14 days of notification of Team reservations. If the deposit is not received within 14 days of notification, the reservations will be cancelled. **NON-REFUNDABLE** deposits may not be moved to cover the cost of other like or less than units. The deposit may be transferred to cover the cost of an upgraded accommodation only.

• The POC may request up to 3 changes prior to 30 days in advance of their first arrival date. Changes requested within 30 days of the first arrival date will not be accepted. The Team POC will be responsible for paying for all reservations in full at this point.

• If the Team POC is an active or retired member of the military with valid military ID, we will provide one Transient Room, Motel Room, or RV site at military rate. There are no military discounts to Teams for cottage rentals.

• The Team POC or Alternate POC must be the first one to check in at the Camp Perry Conference Center on the first arrival date. They must pay for the entire balance due for the Team upon the first check in. They must sign for all the keys and distribute them to their Team members. No one will be able to receive keys except the POC and not prior to the official check-in of the POC. The POC will receive keys for the units they have arriving that date and will return to the Conference Center each subsequent date for keys to new arrivals. **Check-in** will be permitted between 2:00 PM EST and 10:00 PM EST. Keys for reservations not checked in prior to 10:00 PM EST will be considered cancelled unless prior arrangements have been made with the Conference Center staff.

• The Team POC will be responsible to ensure that all Team members are aware of the National Match lodging policies, procedures and rules. All service animals must be registered with the Camp Perry BLDG 600 Front Desk.

• The Team POC will be responsible for checking out for all units on time. **Check-out** is at 10:00AM EST except for the RV Park, which is 12:00PM EST. The POC must ensure that each rental unit is cleared of belongings and trash, and all the keys are returned by check-out time. Additional charges will be incurred for late check-outs and/or lost keys. Late check-outs may negatively impact your ability to secure Team lodging for future events.

Please provide all information so that we may process your form accurately.

Attach proof of CMP Affiliated Club or State Association for your Team. Thank you for the opportunity to serve you!

Revised February 2025

**Types of Lodging: 2025 Rates: Wounded Warrior Teams**

Huts - 4 single beds $68.74 per night

RV Site – Full Service $57.72 per night

Tent Camping – 1 space $28.42 per night

Transient Rooms – 1 single bed, shared RR $110.25 per night

Motel Rooms – 1 double bed, 1 pullout sofa $127.58 per night

Motel Rooms plus Kitchen $154.06 per night

Barracks Bed – I single bed, adult male only $18.89 per night

BOQ’s – variable options, inquire for info $18.89 per bed in the facility

**Name of Team (as listed with CMP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Specific unit number requests will be considered but cannot be guaranteed.**

**\*Will your team member(s) require access to a handicap ramp to enter lodging? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type of Unit** | **# of Units** | **# of Occupants** | **Arrival Date:** | **Departure Date:**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |