

GROUP RESERVATION FORM - Women's Retreat 2018

Choose one: (English) Feb 2-4 (English) Feb 9-11 (Hispano) Feb 16-18

Church _____ **Church phone OR email** _____

Church Address _____

City _____ State _____ Zip Code _____

Group Leader _____

Email _____ Cell Ph _____

STEP 1 - GROUP HOUSING ** NEW PRICING ** PRICING IS PER UNIT

Please return this form by Oct 15, 2017 circle one

TYPE OF LODGING	MAXIMUM # PEOPLE IN UNIT	# Rooms/Units	PRIVATE HOUSING FEE
<input type="checkbox"/> Woodland Lodge Rm	6/room (5 beds) - linens	1 2 3 4	\$216.00 / per room \$ _____
<input type="checkbox"/> Family Chalet	4/Chalet (5 beds) - linens	1 2 3	\$202.50/ per chalet \$ _____
<input type="checkbox"/> Mini Lodge	4/Room - (12 beds; 4 Rms)	1 2	\$106.00 / per room \$ _____
<input type="checkbox"/> Rustic Cabin (side)	4/Side (5 beds)	1 2 3	\$74.50 / per side \$ _____
<input type="checkbox"/> Springview Cottage	8/Cottage (8 beds)		\$345.00 / whole unit \$ _____

* Limited wheelchair accessible accomodations by request.

LINENS Qty: \$11.00 per packet \$ _____

STEP 2 - ATTENDEES

Price is per person & includes a **\$61 non-refundable registration fee**, seminar materials, programming & 5 delicious vegetarian meals. Payments can be made by Church credit card/check or a money order payable to *Camp Kulaqua/Womens Retreat. **No Personal Checks.**

Event Fee - "Early Bird" Oct 1 - Nov 30 \$154 per guest	 God in Me	Event Fee Dec 1 - Event \$179 per guest
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<input type="checkbox"/> Weekend Commuter	(4 meals, 1 Banquet)	\$154 per guest	\$ _____
<input type="checkbox"/> Sabbath Commuter	(2 meals, 1 Banquet)	\$110.75 per guest	\$ _____
<input type="checkbox"/> Sabbath Visitor	(NO meals)	\$77.25 per guest	\$ _____
<input type="checkbox"/> # of Overnight Attendees in Group		TOTAL	\$ _____

STEP 3 - PAYMENT - Please note: **Your Reservation is Complete ONLY with FULL PAYMENT**

◆ Credit Card Information: VISA Mastercard Discover

Name on Card _____

Billing Address if different from above _____

City _____ State _____ Zip Code _____

Card # _____ Exp. Date _____

Authorized Signature _____

**Church Checks or Money Orders payable to Camp Kulaqua

<p> Arrival info</p> <ul style="list-style-type: none"> Estimated time of Arrival: _____ Please provide a cell phone # in the event you are behind schedule: _____ <p>() - _____</p> <p> Submittal Options:</p>	<p> How many attendees in each AGE Bracket:</p> <p style="text-align: center;">_____ 11-17 _____ 18-25 _____ 26-38 _____ 39+</p> <hr/> <p> Transportation</p> <p>How many attendees for each: _____ Charter Bus _____ Other (Car, Van, Church Van, etc)</p>
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- Email** completed Group Form to sdaretreats@campkulaqua.com - with full credit card payment
- Mail** to *Camp Kulaqua / Womens Retreat 23400 NW 212th Ave, High Springs FL 32643* - with full payment
- Register your group online** at www.campkulaqua.com - with initial deposit per person and make payments online

RCVD DATE: _____ / _____ / _____ TIME: _____

BUS GUESTS: _____ # of OVERNIGHT GUESTS: _____

FOR OFFICE USE ONLY: