

# GROUP RESERVATION FORM - *Women's Retreat 2020*

**Choose one:** (English)  Jan 31-Feb 2 (Hispano)  Feb 7-9

**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 June 1, 2019 circle one

TYPE OF LODGING	MAXIMUM # PEOPLE IN UNIT	# Rooms/Units	PRIVATE HOUSING FEE
<input type="checkbox"/> Woodland Lodge Rm	5/room (5 beds) - linens	1 2 3 4	\$225.00 / per room \$ _____
<input type="checkbox"/> Family Chalet	4/Chalet (4 beds) - linens	1 2 3	\$211.50 / per chalet \$ _____
<input type="checkbox"/> Mini Lodge	3-5/Room - (16 beds; 4 Rms)	1 2	\$111.00 / per room \$ _____
<input type="checkbox"/> Rustic Cabin (side)	4/Side (5 beds)	1 2 3	\$78.00 / per side \$ _____
<input type="checkbox"/> Springview Cottage	8/Cottage (8 beds)		\$533.00 / whole unit \$ _____
* Limited wheelchair accessible accommodations by request.			
<b>LINENS</b>	Qty: <input type="text"/>		\$12.25 per packet \$ _____

## STEP 2 - ATTENDEES

Price is per person & includes a \$86.50 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.

<b>Event Fee - "Early Bird"</b> May 1 - Nov 29 <b>\$174 per guest</b>	<b>Event Fee</b> Nov 30 - Event <b>\$189 per guest</b>
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<input type="checkbox"/> Weekend Commuter	(4 meals, 1 Banquet)	\$174 per guest	\$ _____
<input type="checkbox"/> Sabbath Commuter	(2 meals, 1 Banquet)	\$109.50 per guest	\$ _____
<input type="checkbox"/> Sabbath Visitor	(NO meals)	\$74 per guest	\$ _____
<input type="checkbox"/> # of Overnight Attendees in Group		<b>TOTAL</b>	<b>\$ _____</b>

## 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

**Arrival info**

- Estimated time of Arrival: \_\_\_\_\_
- Please provide a cell phone # in the event you are behind schedule:  
( ) - \_\_\_\_\_

**Submittal Options:**

**How many attendees in each AGE Bracket:**

\_\_\_\_\_ 11-17    \_\_\_\_\_ 18-25    \_\_\_\_\_ 26-38    \_\_\_\_\_ 39+

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**Transportation**

How many attendees for each: \_\_\_\_\_ Charter Bus  
 \_\_\_\_\_ Other (Car, Van, Church Van, etc)

1. **Email** completed Group Form to [sdaretreats@campkulaqua.com](mailto:sdaretreats@campkulaqua.com) - with initial deposit per person
2. **Mail** to *Camp Kulaqua / Womens Retreat* 23400 NW 212th Ave, High Springs FL 32643- with initial deposit per person
3. **Register your group online** after June 1st at [www.campkulaqua.com](http://www.campkulaqua.com) - with initial deposit per person and make payments online



RCVD DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TIME: \_\_\_\_\_

# of OVERNIGHT GUESTS \_\_\_\_\_  
# BUS GUESTS: \_\_\_\_\_

**FOR OFFICE USE ONLY:**