GROUP RESERVATION FORM - *Women's Retreat 2016*

Choose one: (English) O Feb12-14 O Feb 19-21 (Hispano) O Feb 26-28

Church Church phone OR email

Church Address

City State Zip Code

Group Leader

Email Cell Ph

GROUP HOUSING - Prices listed are per person*

How Many **People:**		How Many **Units/Rms:**		
☐ Woodland Lodge Rm	(4 per room - linens incl.)	1 2 3 4	$210.00 per guest	$_____
☐ Chalet	(4 per Chalet - linens incl.)	1 2 3	$194.75 per guest	$_____
☐ Mini Lodge	(16 guest minimum)	1 2	$180.25 per guest	$_____
☐ Rustic Cabin	(8 guest minimum)	1 2 3	$153.50 per guest	$_____
☐ Springview Cottage	(10 guest minimum)		$180.25 per guest	$_____

* Limited wheelchair accessible accomodations by request.

✦ LINENS	*Qty:* ☐	$9.00 per packet	$_____
☐ Weekend Commuter	(5 meals)	$132.50 per guest	$_____
☐ Sabbath Commuter	(**3** meals)	$84.50 per guest	$_____
☐ Weekend Visitor	(NO meals)	$65.00 per guest	$_____
☐ Sabbath Visitor	(NO meals)	$36.25 per guest	$_____
		TOTAL	$

Payment - Payment is due in full. No Personal Checks.

Credit Card Information: O VISA O Mastercard O Discover

Name on Card

Billing Address if different from above

City State Zip

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:

How many attendees in each AGE Bracket:

_____ 13-17 _____ 18-25 _____ 26+

Transportation

How many attendees for each: _____ Charter Bus

_____ Other (Car, Van, Church Van, etc)

✦ **Submittal Options: 1. Email** completed Group Application to sdaretreats@campkulaqua.com - **with full credit card payment**

2. Mail *to Camp Kulaqua / Womens Retreat 23400 NW 212th Ave, High Springs FL 32643-* **with full payment**

3. Register your group **online** at www.campkulaqua.com - **with initial deposit per person and make payments online**