

GROUP RESERVATION FORM - *Women's Retreat 2017*



Choose one: (English) Feb 3-5 Feb 10-12 (Hispano) Feb 17-19

Church _____ Church phone OR email _____

Church Address _____

City _____ State _____ Zip Code _____

Group Leader _____

Email _____ Cell Ph _____

GROUP HOUSING *Prices listed are per person*

◆ Please return this form by Nov 1st, 2016; Group's who send in their Application by Nov 1 will be more likely to be housed together.

◆ Prices reflect the "Early Bird Discount" through November 30, 2016. After which date, housing prices will increase by \$20 per person.

How Many People:	How Many Units/Rms:		
<input type="checkbox"/> Woodland Lodge Rm (4 per room - linens incl.)	1 2 3 4	\$216.25 per guest	\$ _____
<input type="checkbox"/> Chalet (4 per Chalet - linens incl.)	1 2 3	\$200.50 per guest	\$ _____
<input type="checkbox"/> Mini Lodge (16 guest minimum)	1 2	\$185.75 per guest	\$ _____
<input type="checkbox"/> Rustic Cabin (8 guest minimum)	1 2 3	\$158.00 per guest	\$ _____
<input type="checkbox"/> Springview Cottage (10 guest minimum)		\$185.75 per guest	\$ _____

* Limited wheelchair accessible accommodations by request.

★ LINENS Qty: <input type="checkbox"/>		\$9.00 per packet	\$ _____
<input type="checkbox"/> Weekend Commuter (5 meals)		\$136.50 per guest	\$ _____
<input type="checkbox"/> Sabbath Commuter (3 meals)		\$87.00 per guest	\$ _____
<input type="checkbox"/> Weekend Visitor (NO meals)		\$67.00 per guest	\$ _____
<input type="checkbox"/> Sabbath Visitor (NO meals)		\$37.25 per guest	\$ _____
TOTAL			\$ _____

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

◆ 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	How many attendees in each AGE Bracket:
<p>• Estimated time of Arrival: _____</p> <p>* Please provide a cell phone # in the event you are behind schedule:</p> <p>_____</p>	<p>_____ 13-17 _____ 18-25 _____ 26+</p>
Transportation	
<p>How many attendees for each: _____ Charter Bus</p> <p>_____ Other (Car, Van, Church Van, etc)</p>	

◆ **Submittal Options:** 1. **Email** completed Group Form 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

