

NEW HOPE CAMP & CONFERENCE CENTER RESERVATION WORKSHEET

Group Name: _____ Profit: ____ or ____ Non Profit ID#: _____

Person in Charge _____ Send contract to: _____

Address _____
Street (City) (State) (Zip)

Email: _____

Cell Phone _____ 2nd Phone _____

DATES & TIME REQUESTED:

From: _____ Arrival time _____ To: _____ Departure Time _____

Number of Nights _____ Number of Days _____ Expected Number _____

How did they hear about us? Previous Visit Word of mouth Internet Advertisement Other

ALCOHOL DEPOSIT IS REQUIRED ON ALL PRIVATE PARTIES AND WEDDINGS EVENTS

FACILITIES:

_____ Dogwood	_____ Frt. Pavilion	_____ Vesper Area
_____ Oak	_____ Back Pavilion	_____ Fire Circle FT or BK
_____ Fleming	_____ Pine	_____ Grills # _____
_____ Dining Hall	_____ Cedar	_____ Coffee Pots # _____
_____ May Guest	_____ Holly	_____ Fire Place Setup
_____ Hickory	_____ Magnolia	_____ TV/VCR \$ _____
_____ Walnut	_____ Other	_____ Easel _____ Screen
_____ Pool	_____ Pool Times	_____ Pool Numbers

MEALS: (the retreat coordinator will be happy to show you our menus with pricing)

_____ Breakfast _____ Lunch _____ Dinner _____ Snack _____ Continental Breakfast