



CAMP RETREAT PLANNING FORM

Group name _____

Type of group Adults Ladies Men Couples Families Youth

Contact Information

Pre-arrival contact person _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Email _____

Contact person during retreat _____
(if not the same as pre-arrival contact)

Phone (____) _____ - _____

Email _____

Health Information

Name of person qualified in first aid and C.P.R. coming with group _____ Reminder: bring first aid kit!

____ Yes, I am aware that Register List, Health History Forms, or Ropes Course Release forms are due at check in time.

- Yes, please provide secondary insurance for \$1.00/person per day. Must be ordered for entire group. Participant provides primary insurance.
- No, we do not want Covenant Harbor to provide secondary insurance.

Facility Information

Arrival date _____ Departure date _____

Time _____ Time _____

Anticipated count _____ Cabin(s) reserved _____

- Yes, please provide linens \$10.00/set. Includes sheet, pillow case and blanket. Must be ordered for entire group. No towels included.
- No, we will bring our own bedding.

Meal Information (indicate meals your group will take)

Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
Date _____	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner

Any additional persons for meals? Yes No Possibly

Which meals

anticipated counts

_____	_____
_____	_____
_____	_____

*Anticipated numbers only. Final counts due at least one week prior to event.

Snacks

(see snack and beverage menu sheet)

Type	Date	Set up time	# of people having snack

*Snacks are provided for entire group and are served in your meeting/lounge area

*Groups bringing in own food and beverage items will be automatically charged a \$35.00 service fee.

Gymnasium Requests

Date	Start time	End time	Volleyball set up?

Meeting Room/Lounge Area

(consult meeting room information sheet if needed)

Name of Meeting Room _____

Attendance # _____

Audio/Visual Equipment

(see audio visual and equipment rentals sheet)

Type	Date(s)

- Podium Yes No
 Head table Yes No
 Extra tables Yes No How many _____

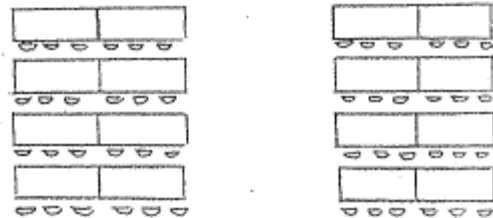
Meeting Room Arrangement

(check configuration style; consult meeting room information sheet if needed)

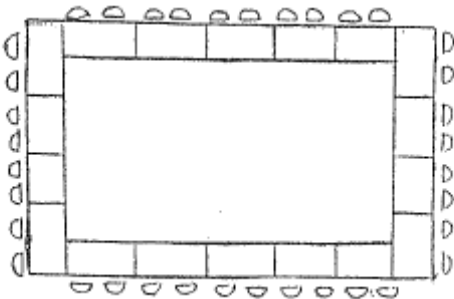
Theatre



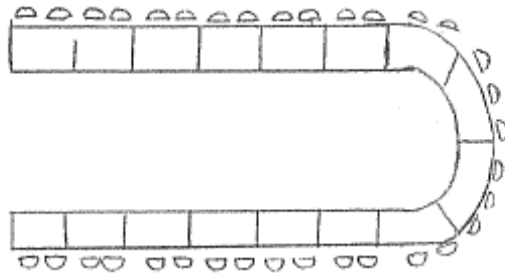
Classroom



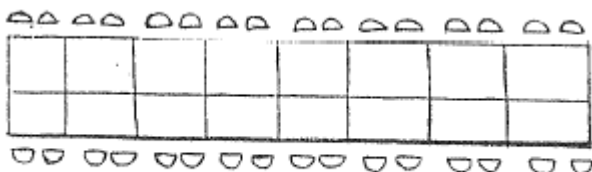
Hollow square



U shape



Conference



My own (Attach a drawing. We will confirm feasibility before your retreat)

Other Requests

(activities need to be scheduled)

Date	Start time	End time	Activity Requested

Special Needs

Is there anything else that would be helpful for us to know so we can serve you better?

Does anyone in your group have a special physical or special need which may require specific attention or special accommodations? (E.g., visually or hearing impaired, wheelchair bound or unable to climb stairs without assistance) If yes, please explain and list your specific needs.

Does anyone in your group have any health or medical conditions that we should be aware of that may require special attention? If yes, please explain and list your specific needs.

Does anyone in your group have dietary restrictions that we should be aware of that may require specific needs? Any vegetarians in your group and how many? If yes, please explain and list your specific needs.

Type of group and ethnic background. We would be able to better serve your group if we know a little background information. Please list any religious restrictions, etc.

***All information listed above will remain strictly confidential, except for those staff members who are directly related to the situation.**

Send retreat planning form by mail, fax, or email to:

Covenant Harbor Bible Camp and Retreat Center

Attn: Sue Walter, Registrar

1724 Main Street

Lake Geneva, WI 53147

Fax: 262-248-6814

Email: registrar@covenantharbor.org