



# GENEVA BAY CENTRE 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 \_\_\_\_\_

## Check in and Orientation

\_\_\_\_ Yes, I have received the Register/Rooming List. This will be turned in one week prior to event. We must have completed information, this is now a State Law!

Our guest service department needs to go over rules & regulations with your entire group. What time would work best for your group? (needs to be done on the arrival date) \_\_\_\_\_

- 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 \_\_\_\_\_

Number of Rooms \_\_\_\_\_

Number of Cribs \_\_\_\_\_

## 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.

**Complimentary ice water?**

Yes       No

Date	Set up time

# Meeting Room

(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 \_\_\_\_\_

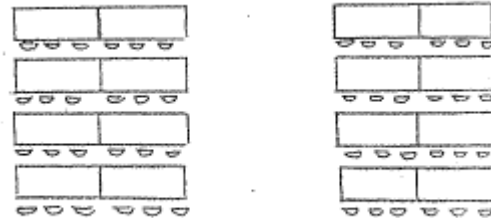
## Meeting Room Arrangement

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

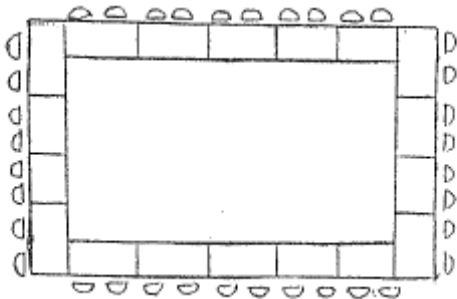
Theatre



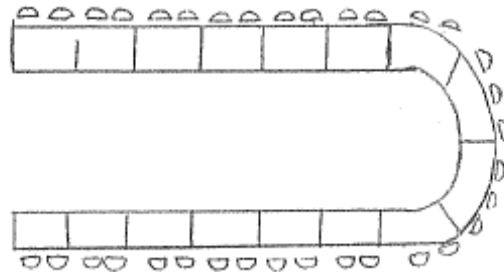
Classroom



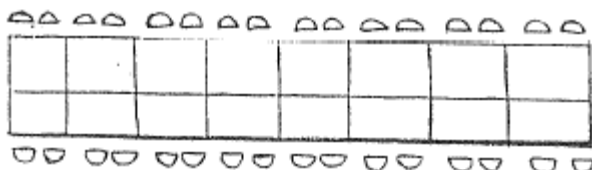
Hollow square



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.

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**\*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