

# Snake Road Adventure Center

*"A Ministry of Covenant Harbor"*

## Group Registration Information

Please complete both page 1 & 2 of this form at least **six weeks** prior to your arrival. Return to:

Attn: Snake Road Adventure Center

1724 Main St., Lake Geneva, WI 53147

262-248-3600, 262-248-6814 Fax, [adventure@covenantharbor.org](mailto:adventure@covenantharbor.org)

School Name \_\_\_\_\_

Contact Person \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Best number to contact you at: \_\_\_\_\_ Alternate Number \_\_\_\_\_

Best times to reach Contact Person \_\_\_\_\_

Will the contact person be at CHBC?  yes  no If no, who will be the lead person while at camp?

Number of students attending \_\_\_\_\_ Grade (s) \_\_\_\_\_ Number of adults attending \_\_\_\_\_

**It is recommended to have a 1:8-10 ratio of Adults to students**

 Arrival Day \_\_\_\_\_ Date \_\_\_\_\_ ETA \_\_\_\_\_

First meal is?  Lunch  Dinner  Bag lunch Note: \_\_\_\_\_

 Departure Day \_\_\_\_\_ Date \_\_\_\_\_ ETD \_\_\_\_\_

Last meal is?  Breakfast  Lunch  Dinner  Bag lunch Note: \_\_\_\_\_

*\*Due to numerous factors, we cannot guarantee the ability to change meal times from our normal times.*

 Additional persons for meals only: # \_\_\_\_\_ days \_\_\_\_\_ meals \_\_\_\_\_


 Would you like snacks provided for your group?  yes  no Cost is \$1 per person and must be ordered for the entire group. This includes a cold and/or hot beverage.


Brownies  
Popcorn

Cookies  
Potato Chips

Fresh Fruit  
S'mores

Muffins  
if you do not see your choice, ask!


 <u>Type of snack</u>	<u>date</u>	<u>time desired</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Please indicate any important medical situations or dietary restrictions, such as allergies or vegetarian meals, your students/staff/parents may have. CHBC Kitchen is a peanut free facility. Please list them below along with the severity of allergy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Important Food Related Note! Please next page.***

Please inform students and parents that in order for our Food Service Department to serve you best, special food or dietary restrictions and allergies need to be communicated to us **at least 10 days prior** to your stay. You or parents may contact us directly to talk through a child or adult's specific restrictions and needs. The sooner these needs are communicated, the more able we are to serve you as needed.

 Meeting/Lounge Area

Number of chairs requested \_\_\_\_\_ Number of tables requested \_\_\_\_\_

A.V. Equipment \_\_\_\_\_

You are encouraged to make your AV requests as early as possible to insure availability. You are responsible for any damage to rented equipment.

<u>Item</u>	<u>Fee</u>
Over Head Projector	\$10.00
VCR/DVD & Monitor	\$15.00
Portable PA	\$15.00
LCD Projector	\$20.00
Flip Chart	No Charge
Dry Erase Board	No Charge
Projection Screen	No Charge

yes  no Please provide us with linens. The cost for linens is \$10/person and must be ordered two weeks prior to arrival. \_\_\_\_\_ # linen sets (includes sheet, pillow case & a blanket), \_\_\_\_\_ # of pillows **\*\*No towels or washcloths are provided. Pillows must be requested.\*\***

yes  no Please provide us with limited supplemental camper insurance. The fee is \$1/person/day and must be ordered two weeks prior to arrival. **Insurance must be ordered for the entire group.**

yes  no Please make the Chart Room (gift shop) or The Galley (snack bar) available for our students. Please indicate times you would like Chart Room or the Galley available:  
**We try to honor requested times but work around programming needs first.**

Day	Time	
_____	_____	Chartroom or Galley
_____	_____	Chartroom or Galley