1 YOUR GROUP

Name of Group _____ Date _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

E-mail _____ Dates Requested _____

2 LODGING FACILITIES REQUESTED

Please mark all that apply to your group.

100 – 500 CABINS (# of Cabins) _____

600 CABINS (# of Cabins) _____

COPPERHEAD SUITES (# of Suites) _____

DOUBLE CABIN SUITES (# of Suites) _____

TENT SPACES (# of Spaces) _____

RVs (# of Spots Needed) _____

RV ELECTRICAL SERVICE (Check One)

☐ 50 AMP ☐ 30 AMP

3 MEETING FACILITIES REQUESTED

Please mark all that apply to your group.

FRED CROWE CONFERENCE ROOM (Capacity: 50) ☐

CONFERENCE CENTER (Capacity: 300) ☐

BRADFORD PAVILION (Capacity: 1000) ☐

DELIVERANCE YOUTH CENTER (DYC) (Capacity: 1200) ☐

NOTES: Unless your group books the grounds for exclusive use, all groups must cater meals through Camp Wagner. If meals are desired, please make arrangements with the Camp Ranger/Office 10 days prior to the event.

Meals (Number of meals—35 minimum) _____ (Number per meal) _____

GOLF CARTS (Call for Availability) _____

4 RESERVATION & AGREEMENT

I, the undersigned, have read the camp policies statement and have supplied copies of the "Release and waiver of Liability and Indemnity Agreement" to all parties. Please return this page with a $100.00 non-refundable deposit to secure your reservation. We will contact you via email or phone to confirm the reservation and provide an invoice at such time.

Signature _____ Date _____

FULL PAYMENT IS DUE AT THE TIME OF ARRIVAL

Thank you!

FOR OFFICE U _____ Check # _____ Amount Received _____