



Date: \_\_\_\_\_

## RETREAT AVAILABILITY REQUEST FORM

Please fill out form completely and return to CLC staff (submission of this form does not secure your dates) *\*Please see below\**

Name of Church or Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Cell Number \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Arrival time: 3pm Departure time: 11am

Number Expected (*if number in group changes, price may be adjusted accordingly*) \_\_\_\_\_

Do you wish meals? YES NO If yes, indicate day and type (ex: Friday, breakfast)

Extra activity request (extra fee): (Please circle) Pool Zipline

Type of Retreat (give a short description such as family, youth, college, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

*\* Once request form is submitted, CLC staff will confirm availability and pricing for your event, contact you with any questions, and send a retreat contract with details to the above contact person*

*\*DATES WILL BE HELD FOR 10 DAYS FROM DATE OF CONTRACT*

*\* The dates for your event will be secured by returning the signed contract with a \$500 security/damage deposit within 10 days of receipt by retreat registrant. Deposit is non-refundable in case of cancellation*

*\*CLC reserves the right to release the dates for your event if signed contract and deposit is not received within 10 days of date of contract*

