

Wedding Request for Reservation

Wedding Date: ____/____/____ Ceremony at: ____:____ a.m. / p.m.		Today's Date: ____/____/____
Partner1 Name:		Phone:
Partner2 Name:		Phone:
Wedding Package (circle one) Basic Premium Premium Plus Sunday/Midweek		
Note: Reception Hall is closed at Midnight		
Billing Contact Name:		
Mailing/Billing Street Address:		
City:	State:	ZIP Code:
Work/Day Phone:	Home/Evening Phone:	E-mail:
Arrival Date/Time: ____/____/____ ____:____ a.m. / p.m.		Departure Date/Time: ____/____/____ ____:____ a.m. / p.m.
Number of Guests:		Do you require accommodations for handicapped accessible? Yes/No
Pets: A nonrefundable Pet Fee is of \$75.00 is required per pet. Pet owner must have a signed acknowledgement of Pet Policies filled out and filed with Pilgrim Heights BEFORE the pet is allowed on-site.		

LODGING

Building(s):			
No. of Rooms:	No. of Guests:	Linens Needed? If yes, how many?	

FOOD SERVICE

Item	Date /Time Served	Count	Menu	Note any dietary restricted meals
Appetizers				
Main Meal				

A Signed Contract/Use Agreement is between Pilgrim Heights Camp & Retreat Center (Pilgrim Heights) and the Group / Organization (Guest) named above. The Request for Reservation, the Final Cost Quote and the Wedding Packet for the above named Event are incorporated as part of the Contract/Use Agreement as is the Guest Policies Documents. If discrepancies arise in information between the Request for Reservation and this Contract/Use Agreement, the information on the Contract/Use Agreement is primary.

Pilgrim Heights requires a *signed* copy of this Guest Contract/Use Agreement along with a [Deposit](#) of 50% of the total Cost Quote in order to confirm this [Reservation](#). Confirmation of your reservation will be sent, upon receipt of this document and required deposit. Food Service will be determined along with an estimated Deposit of 50% no later than 8 weeks prior to event. Deposits are non-refundable.

[Changes in Estimates for Reservations](#) are required two (2) weeks prior to the event date(s). In some cases, a minimum number of visitors/guests may apply. These confirmation numbers represent the basis of the final guaranteed minimum payment due to Pilgrim Heights. Full [Payment](#) is due upon arrival. Final invoicing for the event will be for the guaranteed minimum or actual number served, whichever is greater. [Cancellation](#) of a reservation will result in the loss of the total amount of the deposit.

The Group Representative is required to [Check-In and Check-Out](#) at the Cedar Lodge office which will include a brief [Orientation](#).

We reserve the right to refuse service to anyone, for any reason. Groups are not guaranteed exclusive use of the property. Exclusive use privileges may be discussed with the Director. Access to certain activity areas such as waterfront or fire rings may be temporarily restricted due to other rental agreements.

[Proof of Insurance](#) is required from the Group Representative to cover damage/liability incurred. (\$1M).

Signature of Group Representative: _____ Date _____

By signing this form, I acknowledge that I am requesting a reservation for use of facilities and services at Pilgrim Heights Camp & Retreat Center; and that all information is complete and best estimates are indicated. I understand that a representative of Pilgrim Heights will contact me to discuss or clarify any questions and will issue a Contract/Use Agreement which along with the required deposit will finalize my reservation.

Reviewed by Staff: _____ Date _____

Cost Estimate Worksheet

ITEM	RATE	ESTIMATED NUMBER	AMOUNT
LODGING			
Autumn House	Singles @ \$60 / room / night		
	Double @ \$80 / room / night (\$40 / person / night)		
	Triple @ \$105 / room / night (\$35 / person / night)		
	Quadruple @ \$120 / room / night (\$30 / person / night)		
Shagbark Lodge	\$25 / person / night MINIMUM \$75		
Oak Village	\$20 / person / night MINIMUM \$75 per cabin		
RV / Tenting	\$10 / site / night		
Linen Pack	\$10 / person		
FOOD SERVICE			
See <i>Food Services Guide</i> for additional charges for 2 nd entrée / additional sides.			
Appetizers	\$1.50 to \$2.70 / person	\$ _____ x _____ # persons x _____ # of meals =	
Reception Meal	\$10.50 to \$17.50 / person	\$ _____ x _____ # persons x _____ # of meals =	
Security Fee (if over 100 guests) Damage Deposit (refundable if no damage)	\$150.00 (\$25.00 per Hour) \$500.00	\$ _____ \$500.00	\$500.00
Clean-Up	\$200		
TOTAL ESTIMATED COST			
TOTAL Estimate			\$
DEPOSIT 50% of Total Estimated Costs			\$

Services provided as a part of our non-profit mission are not subject to sales tax and are offered without requirement of gratuity.
 As an expression of gratitude, your donations are tax deductible.