

Request for Reservation

CONTACT INFORMATION A staff member will contact you to discuss your request before sending a Contract/Use Agreement and finalizing your non-refundable deposit.

Today's Date: ____/____/____			
Name of Group or Organization:			
Name of Contact/Group Representative:			
Mailing/Billing Street Address:			
City:	State:	ZIP Code:	
(Please circle preferred contact number)	Work/Day Phone:	Home/Evening Phone:	
Cell Phone:	Fax:	E-mail:	

EVENT INFORMATION Sharing the goals and nature of your event and participants will assist us in meeting your needs for a successful, safe and enjoyable EVENT. Estimated numbers and activities will be used to determine which facilities and services will best meet your needs, as well as the required deposit.

Event Description:	
WEDDING EVENTS: Please attach additional information as noted in the Wedding Guide.	
Arrival Date/Time: ____/____/____ ____:____ am /pm	Departure Date/Time: ____/____/____ ____:____ am /pm
Number Day-Use Guests:	<i>Note: Minors must be accompanied by an adult.</i>
Would you require accommodations/meeting spaces that are handicapped accessible?	Yes / No
Will any guests be bringing pets to Pilgrim Heights?	Yes / No <i>Note: a nonrefundable Pet Fee is required / pet owner and a signed acknowledgement of Pet Policies by pet owners must be filed with Pilgrim Heights before the pet is allowed on-site.</i>

GATHERING SPACES

Spaces requested:	Date/Time: ____/____/____ ____:____ am /pm	
Meeting Supplies:	Date/Time:	Location:
<input type="checkbox"/> TV with VCR/DVD	____/____/____ ____:____ am /pm	
<input type="checkbox"/> Dry Erase Board	____/____/____ ____:____ am /pm	
<input type="checkbox"/> Overhead Projector/Screen	____/____/____ ____:____ am /pm	
<input type="checkbox"/> Easel / Whiteboard	____/____/____ ____:____ am /pm	

LODGING Minors must be accompanied by an adult. Children 2 and under stay free-of-charge.

Building:	Number of rooms:	Number of Overnight Guests:	Linens? If so, how many?
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FOOD SERVICE See *Catering Guide* for menu options. Attach a list of additional meals if needed.

Meal:	Date/Time:	Count:	Menu: <i>Note Dietary Restrictions / meal.</i>
Appetizers:	____/____/____ ____:____ am /pm		
Breakfast:	____/____/____ ____:____ am /pm		
Lunch:	____/____/____ ____:____ am /pm		
Supper:	____/____/____ ____:____ am /pm		
Desert / Snack:	____/____/____ ____:____ am /pm		

EVENT SERVICES

Would you like guests transported from parking to your event location?	Yes / No
Would you prefer to have Pilgrim Heights clean-up following your event?	Yes / No

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ACTIVITIES		
Group Activities: <input type="checkbox"/> Fire Ring(s) <input type="checkbox"/> Field Games <input type="checkbox"/> Hiking Trails <input type="checkbox"/> Volley Ball <input type="checkbox"/> Boating (Self-Supervised) <input type="checkbox"/> Disc Golf <input type="checkbox"/> Fishing <input type="checkbox"/> Other: _____	Date/Time: ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm	Additional Notes: <p style="text-align: right;"><i>Note: included free-of-charge with all Reservations.</i></p>
Program Staff Support: <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Facilitated Games <input type="checkbox"/> Nature Hike <input type="checkbox"/> Star Gazing	Date/Time: ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm	Additional Notes:
Specialized Staff Support: <input type="checkbox"/> Swimming <input type="checkbox"/> Boating (Supervised) <input type="checkbox"/> Challenge Course	Date/Time: ___/___/___ :___ am /pm ___/___/___ :___ am /pm ___/___/___ :___ am /pm	Additional Notes:

CONTRACT TERMS & GUEST POLICIES	Note: key policy information is listed below. A complete list of Guest Policies will be provided to each Group / Organization (Guest).
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This Contract/Use Agreement is between Pilgrim Heights Camp & Retreat Center (Pilgrim Heights) and the Group / Organization (Guest) named above. The Request for Reservation and the Cost Quote for the above named Event are incorporated as part of this Contract/Use Agreement. 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. [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](#). [Proof of Insurance](#) is required from the Group Representative to cover damage/liability incurred. Proof Attached? Yes / No

Guests may bring [Pets](#) if arranged prior to event and under limited conditions. Policy and Documentation Attached? Yes / No

Guests must follow all safety rules for [Water Front Activities](#). Policy and Current Lifeguard Certification Attached? Yes / No

RESPONSIBILITIES	The following will be provided by your group unless noted otherwise below.
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A check in <input type="checkbox"/> indicates that Pilgrim Heights will be responsible for that task in accordance with our Policies and Procedures.	
<input type="checkbox"/> First Aid	<i>Note: We recommend that guests provide an adult on-duty at all times with certified American Red Cross (or equivalent) training in first aid and age-appropriate CPR/AED.</i>
<input type="checkbox"/> Emergency Care	
<input type="checkbox"/> Emergency Transport	
<input type="checkbox"/> Supervision of Behavior	
<input type="checkbox"/> Orientation	
<i>Note: Orientation of the group members is the responsibility of the Group Representative unless indicated here.</i>	

ADDITIONAL POLICIES	Note: the policies listed below apply to all events. A complete list of Guest Policies will be provided to each Group / Organization (Guest).
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Clean-Up	Personal Property/Valuables	Inappropriate or Unsafe Behavior
Supervision of Minors	Vehicles On-Site	Sports and Recreational Equipment
Healthcare Supervision	Alcohol, Tobacco and Drugs	Weapons and Firearms

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.

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
EVENT PACKAGES			
Full Service Flat Rate when you stay four or more days, includes lodging, 3 meals, + 1 Program Staff Led Activity	\$50 / person / day MINIMUM 50 people		
GATHERING SPACES			
Four Seasons Conference Center	\$375 / day \$150 partial day 7pm-midnight		
Outdoor Chapel/Vesper Point	\$250 / day		
Discount if reserving Four Seasons as well	-\$100		
Set Up charge for chairs if > 150 persons	\$50		
Oak / Cedar / Hickory / Shagbark Lodges or Four Seasons Conference Room or Walnut Shelter for small group meeting space	\$75 / day		
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		
RV / Tenting	\$10 / site / night		
Linen Pack	\$10 / person		
FOOD SERVICE See Catering Guide for additional charges for 2nd entrée or additional sides.			
Appetizers	\$1.00 to \$2.50 / person	\$_____ x _____ # persons x _____ # of meals =	
Breakfast	\$5.50 – \$7.50 / person	\$_____ x _____ # persons x _____ # of meals =	
Lunch	\$7.50-\$9.50 / person	\$_____ x _____ # persons x _____ # of meals =	
Supper	\$8.50-\$17.00 / person	\$_____ x _____ # persons x _____ # of meals =	
Dessert / Snack	\$1.50-\$3.50 / person	\$_____ x _____ # persons x _____ # of meals =	
EVENT SERVICES			
Wagon Transportation at start of event	\$75		
Clean-Up	\$200		
ACTIVITES			
Day Use (without meeting / lodge reservations) includes: Fire Ring(s), Disc Golf, Hiking Trails, Field Games, Boating, Volleyball, Fishing	\$10 / person		
Program Staff Led Activities: includes Arts/Crafts, Nature Hike, Star Gazing, Facilitated Games. other miscellaneous tasks	\$25 / staff person / hour	_____ # staff x _____ # hours x \$25 =	
Specialized Staff Led Activities: includes Swimming, Boating, Challenge Course	\$45 / staff person / hour	_____ # staff x _____ # hours x \$45 =	
TOTAL ESTIMATED COST Note: Additional Fees may apply for pet(s), damages, additional cleanup, etc.			
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.