

# **GROUP RESERVATION FORM**

SPRING BLUFF RETREAT CENTER  
FRANKLIN BAPTIST ASSOCIATION

**GROUP:** \_\_\_\_\_

Approximate Number in Group: \_\_\_\_\_ Ages of Group: \_\_\_\_\_ Deposit enclosed: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Sponsoring Church (if applicable): \_\_\_\_\_

**ARRIVAL SCHEDULE:**

**DEPARTURE SCHEDULE:**

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## **FACILITIES REQUESTED**

Dining Hall \_\_\_\_\_ Chapel \_\_\_\_\_ Meeting Rooms \_\_\_\_\_ Vesper \_\_\_\_\_ Pavilion \_\_\_\_\_ Lake \_\_\_\_\_

Swimming Pool \_\_\_\_\_ Camp Fire Site \_\_\_\_\_ Dorm Space \_\_\_\_\_ Staff Housing \_\_\_\_\_

RV Hook-ups \_\_\_\_\_ Request Food Service (Yes/No) Circle One

**I have read and consent to Retreat Center Policies and Fees.**

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

***Please list any special needs or requests on back of this sheet.***

**FOR OFFICE USE** (December 2016)

# of people \_\_\_\_\_ X \$ \_\_\_\_\_ per person = \$ \_\_\_\_\_

Form Received \_\_\_\_\_

Copy sent to Camp \_\_\_\_\_

Non-Refund group reservation fee \_\_\_\_\_

Date & Amount Camp Use Fee Rcvd \_\_\_\_\_

Security Deposit Fee \_\_\_\_\_

Date & Amount Deposit Fee Returned \_\_\_\_\_