

GROUP RESERVATION FORM

SPRING BLUFF RETREAT CENTER
FRANKLIN COUNTY 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: _____

Home Phone: _____ Office Phone: _____

E-mail Address: _____

FACILITIES REQUESTED

Dining Hall _____ Chapel _____ Meeting Rooms _____ Vesper _____ Pavilion _____ Lake _____

Swimming Pool _____ Camp Fire Site _____ Dorm Space _____ Staff Housing _____

Trailer 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 (May 2006)

Form Received _____

Copy sent to Camp _____

Non-Refundable group reservation fee _____

Camp Use Fee Received _____

Deposit Fee _____

Deposit Fee Returned _____