

GROUP RESERVATION FORM

Group Name

Group Contact

Street

City/St/Zip

Email

Group Work Phone

Ext

EVENT INFORMATION

Meeting/Event Name:

Coordinator Name:

Street

City / St / Zip

Home Phone

Work Phone

Cell Phone

Meeting dates:

Arrival Time:

Departure Time:

Expected Number of Participants:

Lodging Choice:

Food:

Place an X next to each meal you would like Cedarkirk to serve.													
Mon B		Tues B		Wed B		Thurs B		Fri B		Sat B		Sun B	
Mon L		Tues L		Wed L		Thurs L		Fri L		Sat L		Sun L	
Mon D		Tues D		Wed D		Thurs D		Fri D		Sat D		Sun D	

Activities:

Place an X next to each activity you would like to schedule and include preferred date and time.					
Canoes		Pool		<input type="checkbox"/>	
High Ropes		Low Ropes		Climbing Wall	
Tower Zip		River Zip		Archery	
Line Dancing		Hay Ride		Campfire	

Additional Comments: