

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 | | Tubing | |
| High Ropes | | | Low Ropes | | Climbing Wall | |
| Tower Zip | | | River Zip | | Archery | |
| Line Dancing | | | Hay Ride | | Campfire | |

Additional Comments: