

Camp Holy Wild

Group Reservation Request Form

FOR OFFICE USE ONLY:

Has the group been here before?

New Group

Return Group

Date of Inquiry: _____

Quote Only

Pending

Group Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Contact Person E-mail: _____

Estimated # of Guests: _____ Approximate Age of Group: _____

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Will your group be using the Tower? _____ Zipline _____ Giant Screamer Swing _____

Please indicate on the calendar below which nights the group will stay and which meals the group will require by checking the space that corresponds to the service

DATE	CHECK ALL THAT APPLY							
Monday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Tuesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Wednesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Thursday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Friday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Saturday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				
Sunday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____				

Special Comments: _____

FOR OFFICE USE ONLY:			
Price Quoted:	Nights _____	Tower _____	Swing _____
	Meals _____	Per Camper _____	Initial _____