

SUMMIT GROVE CAMP

140 South Front Street
New Freedom, PA 17349

Phone: 717.235.3656

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Web: www.summitgrovecamp.org --- Email: sgc@summitgrovecamp.org

Guest Reservation Form

We're really looking forward to hosting your group at Summit Grove Camp on the following date (s) _____ to _____. To better serve you, please complete the following information:

Name of group/organization: _____

Phone: _____

Contact Person: _____

Phone: _____

Address: _____

Email address: _____

Fax number: _____

Projected number of persons in your group:

Ages 2 and under _____ Ages 3 - 10 _____ Ages 11 and older _____

Arrival: Date _____ Time _____

Departure: Date _____ Time _____

* Please circle the equipment you will need:

VCR & TV - PA system - Overhead projector - Dry erase marker board - Video/Computer Projector - Other needs _____.

Meals: (Circle Y – Yes or N – No)

Y/N - We plan to prepare our own meals.

Y/N - We are requesting Summit Grove Camp to provide the following meals:

Breakfast	8:00 – 9:00	Continental or Buffet
Lunch	12:00 – 1:00	
Supper	5:00 – 6:00	
Snack	Group specifies the time	

* Please check the boxes for the specific day you want your meals served.

Meal	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast							
Lunch							
Dinner							
Snack							

* Please select the options and times your group prefers. We will try to honor your requests. However, some flexibility may be needed in consideration of the other group of campers who may be sharing the facility with you.

Pool (Open Memorial Day thru Labor Day, no charge)

Times: _____ Dates: _____

** (Mon – Fri - SGC Youth Day Camp has the pool from 1:30 – 3:30pm)

Sports Field (Ball Field, Volleyball Court, Basketball Court, Skate Park, Archery)

Times: _____ Dates: _____

Tabernacle (Large or Small)

Times: _____ Dates: _____

Campfire Ring

Times: _____ Dates: _____

* Groups/Campers need to provide proof of insurance. Please list the name of insurance company: _____

Purpose of your retreat:

Deposit: To confirm your reservation, return this signed form with a 10% non refundable deposit NLT _____.

Signed _____ Date _____

Return form to Summit Grove Camp as soon as possible with deposit; address is located on top of form.

Thank you!

Richard W. Schnitker
Executive Director