

GRACE BIBLE CAMP FACILITY RESERVATION REQUEST FORM

Please complete and return this form to: **Grace Bible Camp, 111 Bible Camp Lane, Goshen, VA 24439.**

If facilities you request are available when you request them, confirmation of your reservation will be noted below and mailed to you.

Name of Group _____ Today's Date _____

Contact Person _____ Phone _____

Address _____ Zip _____

We desire the facilities checked below on the following dates:

1st Choice

Arrival Date _____ Time _____ Departure Date _____ Time _____

2nd Choice

Arrival Date _____ Time _____ Departure Date _____ Time _____

Estimated Size of Group: Boys _____ Girls _____ Men _____ Women _____ Total _____

Facilities Desired:

_____ Picnic Area _____ Cabins - How Many? _____
_____ Swimming _____ Lodge Rooms _____
_____ Dining Hall/Kitchen _____ Private Rooms _____
_____ Campfire Area _____ Total Camp _____

Do you want the Camp to provide and serve food? _____ Yes _____ No
First meal to be served on (date) _____ at _____ am/pm
Last meal to be served on (date) _____ at _____ am/pm

ONE WEEK NOTICE MUST BE GIVEN THE CAMP FOR THE NUMBER ATTENDING.

(calling Monday **morning** before arriving on Friday is usually ok). Please estimate the number now, and remit a deposit of \$100.00 to reserve the facilities for your group. This fee is not refundable, but it does apply toward the total cost of your stay at camp. Please make checks payable to: **Grace Bible Camp.**

Please sign and return this copy of the **RESERVATION REQUEST FORM.** It will be completed below, and a copy will be made and returned to you.

Signed _____

Please do not write below this line, and please do send this entire form to Grace Bible Camp.

CONFIRMATION AND RECEIPT: Completion of form below will serve as a receipt for deposit and as confirmation of reservation as noted above.

Amount of Deposit Received _____

Date _____ Signed _____

(For Grace Bible Camp, Inc.)