



## 2015 RETREAT REQUEST FORM

Please complete and return the following form. **Requests made on this form are not confirmed.** Confirmation is only secured with the booking agreement, which will be completed upon receipt of this request form. **Camp Widjitiwin cannot guarantee that all requests made on this form will be met.** A signed booking agreement along with full payment of the deposit is due to secure all retreat bookings. Prompt completion of this request form will help ensure that you receive your requested retreat date. Thank you.

|                                    |  |
|------------------------------------|--|
| Group Name:                        |  |
| Address:                           |  |
| Contact Person:                    |  |
| Phone:                             |  |
| Fax:                               |  |
| Email:                             |  |
| Website:                           |  |
| Retreat Dates:                     |  |
| Expected Total Guests:             |  |
| First Meal:                        | Friday Snack   |
| Last Meal:                         | Sunday Lunch   |
| Check-In Time:                     | 7:00 pm  |
| Check-Out Time:                    | 1:00 pm  |
| <b>Meal Times</b>                  | Camp Widjitiwin has set meal times, if you have any specific meal time requests, note them beside the pertinent meal, noting the day (i.e. Saturday or Sunday) |
| Breakfast                          | 8:00 am  |
| Lunch                              | 12:00 pm   |
| Dinner                             | 5:00 pm  |
| <b>Available Options</b>           | Please check off applicable requests. Note day, times and chair arrangement info in space to the right of check box.   |
| Skateboarding:                     | <input type="checkbox"/>   |
| Campfire                           | <input type="checkbox"/>   |
| Basketball:                        | <input type="checkbox"/>   |
| Volleyball:                        | <input type="checkbox"/>   |
| Archery:                           | <input type="checkbox"/>   |
| Waterfront/canoeing <sup>†</sup> : | <input type="checkbox"/>   |
| Ropes Course:                      | <input type="checkbox"/>   |
| Wall Climbing <sup>†</sup> :       | <input type="checkbox"/>   |
| Other (please explain):            | <input type="checkbox"/>   |
| <b>AV Needs</b>                    | Please check off any audio/visual needs <u>along with quantities, locations and times.</u>   |
| Keyboard:                          | <input type="checkbox"/>   |
| Microphone:                        | <input type="checkbox"/>   |
| Video Projector:                   | <input type="checkbox"/>   |
| DVD player:                        | <input type="checkbox"/>   |
| Overhead Screen:                   | <input type="checkbox"/>   |
| Patch cord:                        | <input type="checkbox"/>   |
| DI Box:                            | <input type="checkbox"/>   |
| Mic Stand:                         | <input type="checkbox"/>   |
| Music Stand:                       | <input type="checkbox"/>   |
| Lectern:                           | <input type="checkbox"/>   |

