

# 2018

## On Campus Reservations Request

For Office Use Only

Rcv'd Date: \_\_\_\_\_

Rcv'd Time: \_\_\_\_\_

Initials: \_\_\_\_\_

Res. No: \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number/Street/P.O. Box) City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**NAMES OF FAMILY MEMBERS AND GUESTS:**

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RESERVATION REQUEST**

**ACCOMMODATIONS AND DATES DESIRED IN PREFERENCE ORDER**

No. of Adults: \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

No. of Children: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

(13-17) \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

(6-12) \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

(0-5) \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

**Room Type:**  Private Bath  Shared Bath  Cottage  Handicap-Equipped  Wheelchair-Accessible

**You will be contacted, via email, by our reservations staff with the date and amount due for your future deposit**

**Membership Required**

As a 501(C) (3) charitable, nonprofit and membership organization, a membership is necessary to either make a reservation or to purchase Program Packages. In addition to securing your reservation you will also receive informative newsletters and other mailings; as well as the ability to visit the campus throughout the year.

**Annual Membership: \$60 Individual or \$120 Family**