



# CAMP HEBRON

Where people connect with God, nature and each other

[www.camphebron.org](http://www.camphebron.org)

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## Final Report

Complete the following so that we will be prepared for your group.

Event Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

### Contact Person:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

### Facilities Used:

Lodging: \_\_\_\_\_

Meeting Room: \_\_\_\_\_

### Special Event Options:

Climbing Wall: (**prior arrangements** must have already been made with our Office) Day, Time & # of participants: \_\_\_\_\_

Challenge Course: (**prior arrangements** must have already been made with our Office) Day, Time & # of participants: \_\_\_\_\_

Gym Time: public gym time Fri & Sat 9-11 p.m.; Additional public (open to all groups - no additional charge) Day & Time requested: \_\_\_\_\_

Private Gym Time (private fee \$25/hr): Day & Time requested: \_\_\_\_\_

Gift Shop: Sat 1-3 p.m. - Request for additional time: \_\_\_\_\_

Bonfire - Day, Time & Location: \_\_\_\_\_

Trail Rides(\$14.00/person) - estimated # of participants: \_\_\_\_\_

\* If you have day guests in your group the fees will be slightly higher.

**REMINDER:** You must **sign up in the office Sat. between 9-11 a.m.** so the Horsemanship Director has ample time to prepare the horses & staff (trail rides are offered on Sat. afternoon)

Tractor-Drawn Wagon Rides (\$2.00/person with a minimum of 15) - Day, Time & # of participants: \_\_\_\_\_

Other (pool, lake, tubing slope – weather permitting & if available): \_\_\_\_\_

\_\_\_\_\_

**Are there any adjustments you would like to make to your covenant numbers at this time?**

**REMINDER:** you are responsible for 90 % of the estimated total given on this report (if it meets the minimum).

**Lodging Numbers:** Total # of *overnight* guests: Fri\_\_\_\_\_ Sat\_\_\_\_\_

**Age breakdown \* for lodging:** Age 0-4 \_\_\_\_ Age 5-12 \_\_\_\_ Age 13-17 \_\_\_\_ Age 18+\_\_\_\_

*\* Age breakdowns are needed to calculate event total and will avoid delays for you when settling the bill.*

**Are children coming with or without parents and/or legal guardian?** \_\_\_\_\_

(Please note: children without parents are charged adult rate)

**Check-in /Check-out** - Please note any exceptions you are requesting & if needed, we will notify you of the *feasibility*.

Lodging Check-in Time: 5:00 p.m. \_\_\_\_\_ Meeting Room: 5:00 p.m. \_\_\_\_\_

Lodging Check-out Time: 11:00 a.m. \_\_\_\_\_ Meeting Room: 1:00 p.m. \_\_\_\_\_

**How would you like your meeting room set up?** *Please draw a suggested layout with chairs, tables, etc. Use additional pages (if needed).*

**Would you like any of the following audio-visual or other equipment?** Check desired items:

Podium\_\_\_\_\_

Newsprint Board\_\_\_\_\_

How many chairs?\_\_\_\_\_

TV\_\_\_\_\_

Screen\_\_\_\_\_

How many tables?\_\_\_\_\_

VCR\_\_\_\_\_

Overhead projector\_\_\_\_\_

Cot(s)\_\_\_\_(location\_\_\_\_\_)

DVD Player\_\_\_\_\_

Video Projector\_\_\_\_\_

Crib(s)\_\_\_\_(location\_\_\_\_\_)

Dry Erase Board\_\_\_\_\_

Piano (if available)\_\_\_\_\_

**SOUND SYSTEM NEEDS - Check all that apply**

bringing own equipment (nothing needed from Camp Hebron)

use Camp Hebron's equipment

\_\_\_\_ for Worship Band

# of inputs for \_\_\_\_\_ guitar \_\_\_\_\_ keyboard

\_\_\_\_ for a Speaker

# of microphones \_\_\_\_\_ # of speakers \_\_\_\_\_

\_\_\_\_ sound for laptop

# of monitors \_\_\_\_\_

Other: \_\_\_\_\_

**Please enclose a copy of your proposed schedule for your group's activities.**

Sign below, return one copy to Camp Hebron and keep one copy for your records.

Signature \_\_\_\_\_ Date \_\_\_\_\_