



CAMP HEBRON

Where people connect with God, nature and each other

www.camphebron.org

957 Camp Hebron Rd, Halifax, PA 17032 717-896-3441 – 800-864-7747 – Fax: 717-896-3391

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 (*overnight guests*): Consider if children are coming with or without parents and/or legal guardian. (*Children without parents are charged adult rate so count them as such when completing the following.*)

Total # in (*name of lodging facility*) _____: Fri _____ Sat _____

Age breakdown * for above: Age 0-4 ____ Age 5-12 ____ Age 13-17 ____ Age 18+ ____

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Age breakdown * for above: 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.*

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 _____