



# 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: \_\_\_\_\_

Meals at: \_\_\_\_\_

### 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 9-11am** 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).

**Number of Guests at each meal and snack (additional charge for snacks):**

\_\_\_\_\_ Friday Snack - Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 \_\_\_\_\_ Saturday Breakfast Adults \_\_\_\_\_ Children 5-12 \_\_\_\_\_ Children 0-4 \_\_\_\_\_  
 \_\_\_\_\_ Saturday Lunch Adults \_\_\_\_\_ Children 5-12 \_\_\_\_\_ Children 0-4 \_\_\_\_\_  
 \_\_\_\_\_ Saturday Dinner Adults \_\_\_\_\_ Children 5-12 \_\_\_\_\_ Children 0-4 \_\_\_\_\_  
 \_\_\_\_\_ Saturday Snack - Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 \_\_\_\_\_ Sunday Breakfast Adults \_\_\_\_\_ Children 5-12 \_\_\_\_\_ Children 0-4 \_\_\_\_\_  
 \_\_\_\_\_ Sunday Noon Meal Adults \_\_\_\_\_ Children 5-12 \_\_\_\_\_ Children 0-4 \_\_\_\_\_

**Standard Meal Times:**  
 Breakfast 8:00am  
 Lunch 12:00pm  
 Supper 5:30pm

**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 # 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.*

**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 \_\_\_\_\_