



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: _____

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 9-11 am** 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 # in (name of lodging facility) _____: Fri _____ Sat _____

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

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

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 _____