



| Office Use Only |     |
|-----------------|-----|
| Book Date       | / / |
| Returned        | / / |
| Deposit         | \$  |
| \$ Received     | / / |

# Group Rental Form

## Section One-Group Information

Organization \_\_\_\_\_ Group Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Webpage/Email \_\_\_\_\_

The following forms are to be included with any group renting/using the facility before usage:

- Group Insurance Certificate: Company \_\_\_\_\_ Policy# \_\_\_\_\_ Phone \_\_\_\_\_
- List of Participants

How Did You Hear of Pine Eden:  Mail out  Friend  Brochure  Testimony  Webpage  Other

## Section Two-Contact Person Information

Name \_\_\_\_\_ Title/Relation to Group \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Section Three-Rental Information

### Overnight Retreat Rental

Intention of Use and Planned Activities

Desired Dates of Use

From \_\_\_\_\_ am/pm on \_\_\_\_\_ to \_\_\_\_\_ am/pm on \_\_\_\_\_  
Time circle Date(00/00/0000) Time circle Date(00/00/0000)

Facilities/Areas to Use:  All  Dining Hall  Study Center  Chapel  Open Air Pavilion  Lake/Waterfront  Campfire

Number of Registrants \_\_\_\_\_  Other: Male \_\_\_\_\_ Female \_\_\_\_\_ If minors are involved, number of chaperones \_\_\_\_\_

### Food

- Preparation by group
- Catered through Pine Eden:  Breakfast(s) \_\_\_\_\_  Lunch \_\_\_\_\_  Dinner \_\_\_\_\_  Snacks \_\_\_\_\_  
# of times # of times # of times # of times

### Day Use Rental

Desired Date of Use: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
Date(ex. Monday, January 1, 2002) Time circle Time circle

Facilities/Areas to Use:  All  Dining Hall  Study Center  Chapel  Open Air Pavilion  Lake/Waterfront  Campfire

**This application is not complete without the reading and signing of Mission Statement and Release Statement.**

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I, \_\_\_\_\_, have read, understood and agree to the attached Pine Eden Policy and Procedures. I further understand that reservations will not be guaranteed until this form is completed, returned, and received with 50% of the overall cost of the rental estimate. The 50% deposit will be applied to the final cost—to be paid at the end of the retreat.

Sponsors, guests or participants agree to indemnify and hold harmless Pine Eden Christian Retreat Center, their respective officers, their respective agents, and their respective employees from all and any claims, damages, losses and expenses arising from negligent wantonness, or other tortuous actions of the Sponsoring Organization and/or employees and/or agents or representatives.

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