

WESLEY FOREST RESERVATION FORM

Wesley Forest Camp and Retreat

58 Wesley Forest Lane

PO BOX 35

Weikert, PA 17885

Phone: 570-922-1348

Email: wesleyforest@susumc.org

_____ % Discount if Applicable *(This space for office use only)*

_____ Deposit Amount Check # _____ Date Received _____

_____ Deposit Amount Check # _____ Date Received _____

IMPORTANT: Before completing the information below, read all the information on the Rate Schedule to assure your knowledge of the current fees and details relating to the facilities you're reserving. Return your **completed** (fill-in **both** sides) application with the required deposit fee as prescribed on the Rate Schedule. Make checks payable to: **Susquehanna Conference**. Requested dates will be held no longer than fourteen (14) days after the application has either be mailed from, or picked-up from Wesley Forest

Name of church or group _____

Event Contact Person _____ Email _____

Day Phone (____) _____ Evening Phone (____) _____

Is your group a church or agency of the Central Pennsylvania Conference? ___ Yes ___ No

Dates being reserved : Month: _____ Day(s): _____ Year: _____

Time of Arrival _____ a.m. p.m. Time of Departure _____ a.m. p.m.

Approximate number of participants (including leaders) _____ *(Be sure not to exceed lodging accommodations as prescribed below for the facilities you're reserving)*

Deposit Amount Due: \$ _____ *(The amount deposited will be reflected on your bill at the end of your event.)*

Duration of Stay (Check only one which applies to your group being on site)

() Day Use

() Single overnight

() Multiple overnights

Facilities Being Reserved *(check as many as apply)*

Creek Side Area

() Penns Creek Lodge *(lodging for 42 people)*

() Lick Run Cabin *(lodging for 10 people)*

() Weikert Run Cabin *(lodging for 6 people)*

() Meeting Room

() Arts & Craft Building

() Picnic Pavilion

Mountain Side Area

() White Pine Lodge *(lodging for 24 people)*

() Hemlock Lodge *(lodging for 24 people)*

() Cabins: *(lodging for 9 people per cabin)*

Specify the number you're reserving _____

() Dining Hall

() Group Challenge Course

Meals

Do you wish for meals to be prepared for you by the camp staff? ___Yes ___No

Check (✓) below the meals you're requesting (B = Breakfast; L = Lunch; D = Dinner; S = Snack)

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
___ B	___ B	___ B	___ B	___ B	___ B	___ B
___ L	___ L	___ L	___ L	___ L	___ L	___ L
___ D	___ D	___ D	___ D	___ D	___ D	___ D
___ S	___ S	___ S	___ S	___ S	___ S	___ S

The minimum charge for meals will be the number you communicate to the Site Director a week prior to your scheduled arrival.

Insurance

Agencies and churches of the Susquehanna Conference are covered under the Conference insurance plan. Groups incorporated but not related to the Susquehanna Conference of The United Methodist Church are required to submit to Wesley Forest a *Certificate of Insurance*. Please send the *Certificate of Insurance* at time of initial deposit to Wesley Forest. Non-incorporated groups are hereby notified that any individual claim for accidents, illness or dental is the sole responsibility of the individual, and will need to be submitted for payment to his/her personal health insurance.

Covenant

I have read in full the information included in the current Rate Schedule, and accept responsibility for communicating the fees and regulations contained therein to the members of the group named on this application.

_____ Day Phone: () _____
(signed)

Evening Phone:() _____

Name *(please print)* _____

Address _____

City _____ **State** _____ **Zip** _____

Email: _____

JD 01/30/01
DMO 03/01/07
DMO 10/15/09
EAS 04/13/15