

Pine Lake Retreat Center 6 Day Use

Name of Organization:			Type of Group:		
Name of Contact Person			Title:		
Address:		City:	State:	Zip:	
Phone	Work ()	Home ()	Fax ()	Cell ()	
Group Size:	Arrival Time:		Departure Time:		Email Address:
Choice of Dates:	1 st Choice:		2 nd Choice:		3 rd Choice

Of the facilities and activities offered at Pine Lake Retreat, please check the ones you think you will be interested in using:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Live Oak Auditorium (seats 160)
<input type="checkbox"/> Chapel (seats 120)
<input type="checkbox"/> Gymnasium for Meetings (seats 250)
<input type="checkbox"/> Gym Conference Room (seats 55)
<input type="checkbox"/> Persimmon Conference Room (seats 55)
<input type="checkbox"/> Rain Tree Conference Room (seats 30)
<input type="checkbox"/> Poinsettia Conference Room (seats 20)
<input type="checkbox"/> South Hall Conference Room (seats 50) | <input type="checkbox"/> Gymnasium for Recreation*
<input type="checkbox"/> Swimming Pool*
<input type="checkbox"/> Volleyball*
<input type="checkbox"/> Mini Golf*
<input type="checkbox"/> Basketball*
<input type="checkbox"/> Soccer* | <input type="checkbox"/> Softball*
<input type="checkbox"/> Shuffleboard*
<input type="checkbox"/> Low Elements Course
<input type="checkbox"/> Canoeing
<input type="checkbox"/> Bicycle
<input type="checkbox"/> Playground | <input type="checkbox"/> Hayride*
<input type="checkbox"/> Campfire
<input type="checkbox"/> Picnic Pavilion
<input type="checkbox"/> Golf Carts
(2 or 4 seater) |
|---|--|--|--|

Please note: Activities marked * are NOT available from sundown Friday to sundown Saturday.

IMPORTANT: Do you have accident insurance coverage? Yes No

*You must have coverage in order to use Pine Lake Retreat and its facilities

Do you plan for us to provide a meal in our cafeteria? If so, please check all meals that apply*

**Note: a minimum 25 people is required per meal*

Breakfast # _____
 Lunch # _____
 Dinner # _____

Terms & Conditions:

Pine Lake Retreat is a Christian retreat center, which is owned and operated by the Seventh-day Adventist Church. In order for all of our guests to feel comfortable at our facility, we ask that you observe a few simple guidelines while visiting:

- From sundown Friday until sundown on Saturday, we make every effort to maintain a quiet atmosphere which is conducive to worship because this is the Sabbath. The activities listed above with an asterisk (*) beside them are not available during the Sabbath hours.
- We request that modest bathing suits be worn while on camp property.
- There is to be no profanity used on the grounds.
- No beverages containing alcohol will be allowed on the premises. If anyone in your group is observed with any form of alcohol, you will be asked to leave and there will be no refund.
- The Seventh-day Adventist church does not believe in smoking, because we feel it is harmful to your health. We do care about those who smoke and understand that it is a very addictive habit. If you are interested in help to stop smoking, please contact us at our office and we will be glad to put you in contact with someone who can help. In the mean time, we ask that there be no smoking in any of the buildings or at public activities.

We ask that you provide adequate supervision of your group at all times and that the rules and guidelines be strictly followed by all members of your group.

I have read the above guidelines and agree to abide by them while at Pine Lake Retreat Center. It is also understood that there are charges involved when using the facilities at Pine Lake Retreat Center and it is agreed that these charges will be paid.

Signed: _____ Date: _____

In order to hold a date for your group, a deposit is required. Deposits are non-refundable after 30 days of the approved date.

DO NOT assume confirmation. Because of the demand for the camp facilities, your reservation is not confirmed until you receive a confirmation letter with the stated reservation.

(Office Use Only)

Camp Director's Approval: _____ Date signed: _____
 Date Approved for Use: _____ Deposit Amt: \$ _____ Receipt # _____
 Group Contract # _____

Reservations are required for camp use. Please call or write:
 Reservation Central: 23400 NW 212th Ave. 6 High Springs, FL 32643
 Phone: 386-454-1351 Fax: 386-454-4748 Email: rescentral@floridacamps.org
 www.pinelakeretreat.com