



Event Requirements – Group Booking (minimum of 6 participants)

Group Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Description of Event with goals and objectives outlined: _____

Date of Event: _____

(Bookings that include meals and accommodations are to be scheduled 2 weeks in advance, with a \$500 non-refundable deposit, final payment due one-week in advance of the booking)

Time: _____

Dietary Restrictions (for all attendees specified with documentation, 1 week prior to the booking)

Breakfast: Yes / No # _____ Lunch: Yes/No # _____ Supper Yes/No # _____

Coffee Breaks/Times _____

of overnight stays/accommodations required: _____

Number of bedrooms required: _____

Technology Requirements: _____

Other Requirements: _____

Cost: _____

Invoice#:

Billing Information: