



2017 CONCLAVE MEAL RESERVATION FORM

NAME _____

ADDRESS _____

Phone #: _____

MEALS:

Date Rec'd. _____

EVENT	# ATTENDING	COST EACH	TOTAL COST
FRIDAY MEALS:			
BBQ Chicken	_____	\$ 10.00	\$ _____
SATURDAY MEALS:			
Breakfast	_____	\$ 7.00	\$ _____
Lobster	_____	\$ 20.00	\$ _____
Additional lobster	_____	\$ 10.00	\$ _____
Steak Rib Eye	_____	\$ 10.00	\$ _____
Hamburger/Hot Dogs	_____	\$ 10.00	\$ _____
SUNDAY MEALS:			
Sunday Breakfast	_____	\$ 7.00	\$ _____

Meal sharing IS allowed

TOTAL MEAL COST:

\$ _____

COMMENTS/SPECIAL NEEDS:



2017 CONCLAVE ACCOMMODATION RESERVATION FORM

NAME _____

ADDRESS _____

Phone #: _____

ACCOMMODATIONS:

Date Rec'd. _____

CABINS:

CIRCLE TYPE OF CABIN DESIRED: (cabins will hold 10, which includes 4 upper bunks)

family cabin	male cabin	female cabin	couples cabin
	# IN CABIN	# NIGHTS	COST PER PERSON PER NIGHT
			TOTAL COST

Cabins: (first come, first served) _____ + _____ x \$5.00 = \$ _____

BUNKS: 4 Upper - (List names) _____; _____; _____;

_____;

6 Lower- (List names): _____; _____; _____;

TENT:

Each family/group will provide their own tent(s).	# IN TENT	# NIGHTS	COST PER PERSON PER NIGHT	TOTAL COST
	_____	_____	\$5.00	\$ _____

Names: _____

RV's: (self-contained - no electricity or dump stations available)

Each family/group will provide their own RV.	# IN RV	# NIGHTS	COST PER PERSON PER NIGHT	TOTAL COST
	_____	_____	\$5.00	\$ _____

<u>Special Medical needs requiring Electricity</u>	# PEOPLE	#NIGHTS	COST PP/PN	TOTAL COST
	_____	_____	\$10.00	\$ _____

PAYABLE IN US FUNDS GRAND TOTAL (including meals): \$ _____

Bring your own bedding, flashlight, lawn chair, etc.

ANY RESERVATIONS RECEIVED AFTER MAY 1 ARE SUBJECT TO A 10% INCREASE IN TOTAL COST