

Clear View Retreat Rental Worksheet

Date of arrival: ____/____/____ Anticipated time of arrival ____:____ a.m./p.m.
 Date of departure: ____/____/____ Anticipated time of departure ____:____ a.m./p.m.

Cabins requested: Typically, a facility rental includes all cabins and the Lodge. Please check below if your rental request is different than that. All four family cabins (Quad) and the Lodge OR

Cabin 1 Cabin 2 Cabin 3 Cabin 4 Lodge

PLEASE NOTE: If you do not rent all five cabins, other renters/guests may be onsite as well. If you rent the Lodge, no one else will use the inside of the Lodge, even if other guests are renting one of the family cabins. If you do rent all five cabins but end up not using one of the family cabins (1-4), we refund a \$20 cleaning fee per UNUSED cabin.

Group Type: Women Teens/Children Church Ministry
 Couples Men Families Other: _____

MEAL OPTIONS: We will make our own meals. We would like CVR to prepare our meals. (Fill section below.)

Meals are currently only available Saturday, Sunday, and Monday morning
 and must be paid in full seven days in advance. *No refunds are available for meals.* **Initials:** _____

If you desire meal catering options on other days, please let us know and we can get you some contact information for local caterers.

Mealtimes are typically breakfast at 8:00 am, lunch 12:00pm, and dinner 6:00pm unless otherwise indicated below.

Breakfast _____ a.m. Lunch _____ a.m./p.m. Dinner _____ p.m.

Meals requested (please check)

Saturday	Sunday	Monday
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast

Meals cost

	# of people		Cost of meal		# of days	Subtotal
Breakfast	_____ x		\$5	x	_____	\$ _____
Lunch	_____ x		\$6	x	_____	\$ _____
Dinner	_____ x		\$7	x	_____	\$ _____
TOTAL: \$						_____

Equipment/Activities requested

	Day or date	Time
<input type="checkbox"/> Wi-fi (available on a limited basis)	_____	____:____ a.m./p.m.
<input type="checkbox"/> Projector / Projector screen	_____	____:____ a.m./p.m.
<input type="checkbox"/> Campfire (limited availability)	_____	____:____ a.m./p.m.

* Campfires can be started and managed by your group at any time. Please only mark times on this sheet when you want **CVR** to start, manage, and douse the campfire for your group.

Additional services available (Details must be discussed with Executive Director prior to event.)

Mentoring options: Marital Grieving Family Other: _____
 Wedding OR reception (Please contact the CVR office for the planning worksheet for either of these.)
 Pastoral options: Devotionals Bible study facilitation Other: _____

A copy of your retreat schedule would be appreciated but is not required. Return this worksheet with your completed **Facility Rental Agreement** form to **Clear View Retreat** with your deposit to confirm your reservation.