

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Confirmation and Youth Retreat Program 2015-2016 Reservation Form

Congregation and contact information:

Pastor or Confirmation Coordinator/ Contact person: _____

Congregation: _____

Address: _____

City, State Zip Code: _____

Phone Number: _____ E-mail address: _____

Retreat planning information:

Type of Retreat (circle one): Confirmation Retreat Older Student Retreat Other: _____

(circle preference): **Day Retreat** **Overnight Retreat** (number of nights): _____

Number of Students in your group: _____ Age range of students _____

Grade(s) in school: _____

Number of Chaperones: _____ **Note — 6:1 minimum student to chaperone ratio.**

Cost of retreat:

\$50 non-refundable reservation deposit. Charges: \$30 group rate; \$50 for large groups over 20 people; \$75 for groups over 40, \$100 for groups over 60. (*Charges based on numbers given in planning and special requests for space, apply to both day and overnight retreats.*) Meals are not included; your deposit will be applied to your total bill following the retreat. Normally, these are the only charges.

Please note: If you refuse a student campus tour or if each person attending does not complete attendance cards, the full amount of this deposit, or an additional \$20, will be added to the charges.

For churches that are *not* members of the Gustavus Adolphus College Association of Congregations, the flat rate for an on-campus retreat is \$50, or \$75 for groups of 40 or more. Booking priority is given to GACAC congregation members. There is no financial cost to join the Association.

In addition, you are liable for any damages to facilities during your group's stay and for lost keys.

Charge per lost keyset: \$750. *This is the amount our office will be charged for re-keying one hostel suite.*

*Check out: Hostel – noon or as arranged. Groups are asked to return rooms to arrival condition, close all windows, and lock outer suite doors when they leave. **Keys should be *returned to Church***

Relations through campus mail in the white envelope provided. (*This procedure is important.)

Please circle the meals you intend to take in the campus cafeteria: (Costs are approximate – meals are priced a la carte. For planning purposes, breakfasts average \$6, lunch averages \$7, and dinners average \$8)

Breakfast

Lunch

Dinner

Retreat date choices: ***1st choice*** _____ ***2nd choice*** _____

I accept responsibility for damage to property/facilities caused during our retreat. I also certify that a criminal background check has been completed on all chaperones and promise that all students will be chaperoned at all times during their visit to Gustavus.

Signature: _____ Date _____

Please return this form to:

Office of Church Relations
Gustavus Adolphus College
800 West College Avenue
Saint Peter, MN 56082

Expected arrival day/time: _____

Expected departure day/time: _____

Office of Church Relations — Confirmation and Youth Retreats

Telephone: (507) 933-7001 • Fax: (507) 933-6337 • E-mail: confirmation-retreats@gustavus.edu

Confirmation & Youth Retreats Planning Sheet 2015-2016

Congregation name:

Pastor or contact person:

include full contact information

– phone number(s) and e-mail address

Congregation Mailing Address:

Date(s) of Retreat:

Please return this sheet as soon as possible so we can finalize your schedule and notify you. A \$50 deposit is required to begin planning and reserving space. Note that a brief tour to orient your students to campus will be included. Since we must report our guests, we also insist that all attendees complete attendance cards which we will provide to you.

**It is your responsibility to make sure that students are well chaperoned at all times during their visit on campus. This includes at all times in the hostel suite (if applicable), in classrooms, in eating places, in the recreation center and the book store, in the recreation facilities, and on the campus mall. For those staying in hostel suites, do not attempt entry to residence hall through locked doors by youth or by your chaperone staff. Alarms will sound, and this reflects negatively on the youth retreats program.*

1. Total number of people in your group: _____ (Students: _____ Chaperones: _____)
Planning will be done based upon these numbers.

2. Arrival time will be on (date) _____ at _____ am/pm.

A tour will be conducted upon arrival, if there is daylight.

Alternate time preference for tour? _____ (usually after breakfast; time to be determined at the convenience of your student coordinator. *Note that your coordinator may not be available at all times throughout your retreat, but you will be given emergency contact numbers.*)

3. Meals to be eaten on campus: **Breakfast** **Lunch** **Dinner** (circle all that apply)

4. Departure time will be on (day & date) _____ at _____ am/pm

5. Requesting facilities use while on campus, *if available*:

Gym: Yes or No If yes, requesting _____ am/pm on _____
(time) (date)

Pool: Yes or No If yes, requesting _____ am/pm on _____
Pool availability limited to Sat., 1-4pm (time) (date)

Classroom space for class sessions: Yes or No

Number of class sessions: _____ Preferred time(s): _____

Audio-visual equipment needed? Yes or No (specifically what?) _____

Christ Chapel: Yes or No If yes, requesting (time) _____ am/pm on (date) _____

6. **Our preferred retreat schedule is attached.** I understand that adjustments may need to be made, and that all scheduling arrangements must be made in advance.

Office of Church Relations

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