

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Confirmation and Youth Retreat Program 2014-2015 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:

CSL - Church Relations
Gustavus Adolphus College
800 West College Avenue
Saint Peter, MN 56082

Expected arrival day/time: _____

Expected departure day/time: _____

Center for Servant Leadership/Church Relations — Confirmation & Youth Retreats

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