



APPLICATION FOR RESERVATION

****Please return this completed and signed form with your first payment to reserve the dates noted below. Thank you*****

GROUP INFO

Church/Organization/Group Name: _____

Address: _____

Church/Group Phone #: _____ Insurance carrier for church/group: _____

Arrange with your agent for a **certificate of insurance** naming Taconic Retreat & Conference Center as an additional insured.

LEADER CONTACT

Group Leader: _____ Telephone #: _____

Email Address: _____

Secondary Contact: _____ Telephone #: _____

ARRIVAL	DEPARTURE	ESTIMATED
DATE/TIME: _____	DATE/TIME: _____	NUMBER OF ATTENDEES: _____

ACCOMMODATION REQUEST
Please circle your choices.
TRC will confirm availability.

Meals		
B=Breakfast L=Lunch D=Dinner		
Monday	Closed	
Tuesday	B	L D
Wednesday	B	L D
Thursday	B	L D
Friday	B	L D
Saturday	B	L D
Sunday	B	L D

Group type
Adult
Children
Families
Men
Women
Youth
Couples

***See lodging/meeting pamphlet

Lodging Request***
Bergers Cottage
Dolan House
Guest House
Log Cabins
Jacobs / Kingston
Miller House
Lakehouse

Meeting Room Request***
Cole Room
Conference Room
Holder
Lakeside
MacPherson
Mucci Center (Gym)
Stanley Moore
Training Center

Meeting Room Set-up (check applicable box)

Tables: # _____ **Chairs:** rows/lecture style circle semi-circle no chairs

Equipment: projector** projector screen passport sound system**

Activities *seasonal **Extra fee required

campfire* gym hiking swimming* boating* low ropes** teambuilding** climbing tower**

GROUP LEADER SIGNATURE: _____ **DATE:** _____