

2-WEEK REPORT FORM



Return 2 weeks prior to arrival; this is very **IMPORTANT** as we prepare to serve you.

Name of Group: _____ Total number of group: _____

Contact Person: _____ Contact cell number: _____

1. **Arrival** Date & Time for First group members (please call if arrival time is more than 1 hour different than this time)

Day _____ Time _____ a.m/p.m.

2. **Departure** Date & Time for Last group members,

Day _____ Time _____ a.m/p.m.

3. **Meals / Snacks:** For the meals & snacks we are providing, please indicate the number of persons for each by age. (Meals times are 8:00am, 12:00pm, and 5:30pm, unless stated differently on contract).

Meal	Over 10	Ages 4-10	Ages 0-3		Meal	Over 10	Ages 4-10	Ages 0-3
<i>Example: Friday Supper</i>	36	16	5					

Please call 815-646-4344 with any changes to meals or lodging regardless of increase or decrease.

4. **Diet restrictions / Food allergies:** Dietary concerns we should be aware of:

5. **Lodging:** Number of rooms/units needed from the following:

_____ of 16 Hotel Rooms _____ of 4 Dorm Rooms
 _____ of 7 Cabins _____ Campground sites *with* hookup _____ Non-hookup Campsites

6. **Day Use:** Number of people who will attend but not stay over night:

_____ Individuals _____ Families

7. **Adventure Education Course:** Please include number of participants in each activity & anticipated date/time for each:

_____ Climbing Wall _____ Initiatives Course
 _____ Cooperatives _____ High Ropes Course

2-WEEK REPORT FORM (page 2)

8. **Recreation:** We have a large amount of recreation equipment available including sports equipment and lawn games such as bag toss and ladder ball; please ask your host for any desired items. If you know of any items at this point, feel free to list below. If you would like these items for a specific time period, let us know. Below are two items that take additional preparation; please inform us of your plans for their use.

_____ Canoes/Paddleboats (April – Oct.) _____ Snow Tubes (Winter) Other: _____

9. **Activities:** Check the ones your group will participate in & the date/time for each: (* additional fee)

_____ Hay rack Ride*: _____ _____ Guided Nature Hike*: _____

_____ Pre-built Campfire*: _____ _____ Guided Trail Hike*: _____

_____ Camp Fire on own: _____

_____ Gym (The gym is normally open for all groups to share. However, if you desire time with only your group, we will consider a request for a limited number of hours). _____

10. **Swimming Pool:** Our outdoor pool is normally open from Memorial Day to Labor Day. You may swim without a lifeguard, provide your own lifeguard or request us to do so (if one is available, at an additional per hour fee). All children, 16 years old and younger, must be accompanied by a parent or guardian. If swimming without a lifeguard, the diving board may not be used.

_____ Please arrange a lifeguard for the following days/times: _____

_____ We will be responsible for our own pool supervision

_____ We will be responsible for bringing our own lifeguard and **will provide Menno Haven with a copy** of our Lifeguard's valid certification papers **prior** to our arrival.

11. **Other helpful information** (*i.e. handicapped accessible facilities, sound system, etc.*)

12. **Payment:** Please indicate person responsible for collecting fees from group members and making **one group payment** (one check, one credit card transaction).

Person Responsible: _____

Payment Method (Circle One): Cash Check Credit Card

The numbers on this report DO NOT nullify your minimum financial guarantee on your contract. Menno Haven does not guarantee information listed on this form that is not on the contract.

Return to:
Menno Haven Camp & Retreat Center
9301 1575 East Street, Tiskilwa, IL 61368
Or Fax to: 815-646-4301