



Spruce Lake Retreat

3 WEEK FINAL GROUP REPORT

Mail to: RR1 Box 605, Canadensis, Pa 18325-9749
Fax to: 570-595-0328

THREE-WEEK DEADLINE: This report MUST be submitted in WRITTEN form - **by mail or fax - at least 3 weeks before your group arrives.** Your group of 20 or more adults is entitled to *free meals and lodging for one person in your group* when the 3 Month Group Update Report **and** the 3 Week Group Update Report have been submitted by the deadline.

FULL PAYMENT is expected on the first full day of your retreat. Billing will be based on the **actual number** of persons attending your retreat...but **no less than 80% of the number of Adults/Youth** on the **3-month Group Update** form already sent in, **OR** the Minimum Required Number of Adults as listed on your **Group Contract** (if the Group Update has not been submitted).

Group Name: _____ Contact Person: _____
Arrival Date: ____/____/____ Departure Date: ____/____/____
Arrival Time: _____ AM/PM Departure Time: _____ AM/PM
CHECK IN: 4pm (campground: 2pm) CHECK OUT: Sat-Sun 12noon; Mon-Fri 10am (campground: 2pm)

Will your group be arriving by bus? Yes No
If Yes, will the bus be staying at SLR during your retreat? Yes No
Will you be hiring a bus driver, or will this be the first time your bus driver has come to SLR Yes No

Number of persons requiring LODGING for your retreat :
of DAY GUESTS: _____ Adults _____ Children 12 -18 _____ Children 6-11 _____ Children 5 & under
Youth Groups are considered adults; Children are DEPENDANTS staying in room with parents.
_____ Adults _____ Children 12 -18 _____ Children 6-11 _____ Children 5 & under
Comments: _____

If you do not need all the accommodations you currently have reserved, please tell us which ones you will not need:

MEALS:
Please list the meals you have reserved with us, to ensure accuracy for your retreat.

Does anyone in your group have any special dietary needs? _____

We understand that we will need to provide our own transportation between the Main Retreat Center and the **Wilderness Camp (Huckleberry/Barn/Cabins) and/or Mountain Laurel, Hearthstone, Aspen & Creekview Lodges**, if reserving these locations.
(These locations are within one mile of the main Retreat Center and are accessible via trails through our wooded areas or by road.)

Please attach a schedule of your retreat plans. Include meeting times and places, special activities and retreat goals.

TO RESERVE EQUIPMENT, SNACKS OR USE OF PROGRAM CENTER, COMPLETE REVERSE SIDE.

Your Signature here indicates that:
(1) you have read the Policies and Guidelines of Spruce Lake Retreat;
(2) you will assume responsibility for conveying these policies and guidelines to your group;
(3) you will pick up keys for group members, and take care of your own room assignments, etc.

Signature

Date

IF THIS IS A FAX: PLEASE check here if side 2 is blank. Thank You!

Spruce Lake Retreat Final Group Report - Side 2

EQUIPMENT REQUESTS:

Tell us what your group needs, and we will do our best to fulfill your requests. On the following list of options indicate the items your group wants to use, where and when.

- | | |
|--------------------------|------------------------|
| _____ Overhead Projector | Meeting Room _____ |
| _____ Screen | Meeting Room _____ |
| _____ TV & VCR/DVD | Meeting Room _____ |
| _____ Stereo/CD Player | Meeting Room _____ |
| _____ Easel w/ newsprint | Meeting Room _____ |
| _____ White Board | Meeting Room _____ |
| _____ Portable Cribs | Lodging Room #'s _____ |
| _____ Other _____ | Meeting Room _____ |
| _____ Other _____ | Meeting Room _____ |
| _____ * Projector | Meeting Room _____ |
| _____ * PA System | Meeting Room _____ |

Please list the equipment you will be plugging into the PA System and the # of microphones you need

***equipment rental charge per wkd applies**

If you would like your meeting room (tables/chairs) set up in a particular way please use the box below to draw that for us. (please label front & back of room)

SNACKS: (Provided by Spruce Lake Retreat & served in your meeting room after Labor Day up to Memorial Day Weekend only.)

- | | | |
|--------------------------------|-----------|--|
| Snack # (see rate sheet) _____ | Day _____ | Time (not later than 10:00 p.m.) _____ |
| Snack # (see rate sheet) _____ | Day _____ | Time (not later than 10:00 p.m.) _____ |

SNACK SHOP: In our off season, between Labor Day and Memorial Day, the Snack Shop is open SATURDAY upon request. Is your group interested in having the Wagon Wheel Snack Shop open during your stay? Yes No
Time (between 8 and 10:00 p.m.) _____

OTHER SERVICES REQUESTED (see the Building Memories brochure):

PLEASE NOTE: These services must be requested prior to your arrival in order for us to determine staff and resource availability.

USE OF PROGRAM CENTER (gym):

If your group has interest in scheduling the Program Center for volleyball or other activities, please list those days and times here:

PLEASE NOTE: The gym is not reservable in the afternoon. This time period is considered "Open Gym" time, and is available to all persons registered at Spruce Lake Retreat from 12 NOON to 6:00pm.

**** Adventure Program schedule may preclude your gym time requests on occasion.**

PRAYER REQUESTS:

Each Monday morning, the staff here at Spruce Lake Retreat take time to pray for each of the Groups that are coming during that week. We would like you to let us know about any specific prayer requests that your Group may have, in order to focus our prayers to include your needs.

Mail or FAX this Final Group Report by the 3-week deadline.

