



Room / Participant Estimates

CHURCH INFORMATION

Contact name _____ State _____

Church Name _____ Zip Code _____

Address _____ Mobile # _____

City _____ Email _____

Participants

Please enter the number of estimated participants.
Includes room monitors and workers.

320.00

deposit due for each person

Room Types	Cost (per night)	Number of Rooms	Sun	Mon	Tue	Wed	Thu	Fri
Hotel Room (Sleeps 4)	\$255		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Suite (2 Bedroom, 2 bath sleeps 6)	\$385		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signature _____