



## 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.

**330.00**   
deposit due for each person

Room Types	Cost (per night)	Number of Rooms	Sun	Mon	Tue	Wed	Thu	Fri
Hotel Room (Sleeps 4)	\$260		<input type="checkbox"/>					
Family Suite (2 Bedroom, 2 bath sleeps 6)	\$405		<input type="checkbox"/>					

Date: \_\_\_\_\_

Signature \_\_\_\_\_