

Sacandaga Bible Conference Retreat Contract

Event Date(s) _____ Time of Arrival _____ Time of Departure _____

Number in group _____ (confirm 5 days prior to arrival)

Circle age group- Men Women Families Sr. High Youth Jr. High Youth Elementary

Leader Name _____

Group/Church Name _____

Address _____

Phone _____ Cell phone _____

Email _____

Choose a Retreat Package OR Build Your Own Retreat

Option #1: Retreat Packages

(Please Check all that Apply)

Prices Per Person

___ **One Night/4 Meals Package-** includes one breakfast, one lunch and two dinners

Lodging Options

___ Ray Mills Youth Center Dormitories (Bunk Beds)- \$51 *Sleeps 128, 4 girls and 4 boys bedrooms, no towels or linens*

of Guests: _____

___ Poplar Lodge Motel (Bunk Beds and Queen Beds with linens and Towels)- \$66 *4 rooms with Queen and 2 Twin Bunks (sleep 6), 3 rooms with Queen (sleep 2)*

of Rooms: _____

___ Pine Lodge (single, full or queen beds with linens and towels)- \$91 *11 Rooms, Sleeps 27 not sharing beds, sleeps 44 sharing beds*

of Rooms: _____

___ **Two nights/ 6 Meals Package-** includes two breakfasts, two lunches and two dinners

Lodging Options

___ Ray Mills Youth Center Dormitories (Bunk Beds)- \$84

of Guests: _____

___ Poplar Lodge Motel (Bunk Beds and Full Beds with linens and Towels)- \$114

of Rooms: _____

___ Pine Lodge (single, full or queen beds with linens and towels)- \$164

of Rooms: _____

Option #2: Build Your Own Retreat

Meals (Please list days attending)

Breakfast:

Lunch:

Dinner:

OR

of Guests Age 4-6: _____ # of Guests Age 7-11:

_____ # of Adult Guests: _____

Children under 4 are Free

Lodging (Please check all that Apply)

___ Pine Lodge Room: \$60 (double + occupancy)/ \$70 (single occupancy) per night *11 Rooms, Sleeps 27 not sharing beds, sleeps 44 sharing beds*

of Rooms: _____ # of Nights: _____

___ Poplar Lodge Motel: \$35 (double + occupancy)/\$45 (single occupancy) per night *4 rooms with Queen and 2 Twin Bunks (sleep 6), 3 rooms with Queen (sleep 2)*

of Rooms: _____ # of Nights: _____

___ Ray Mills Youth Center: \$20 (Minimum of 20 guests or \$100 facility fee is applied) *Sleeps 128, 4 girls and 4 boys bedrooms, no towels or linens**11 Rooms, Sleeps 27 not sharing beds, sleeps 44 sharing beds*

of Rooms: _____ # of Nights: _____

191 Lakeview Road, Broadalbin, NY 12025

Telephone: (518)883-3713 Email: office@sacandagabibleconference.com

Website: www.sacandagabibleconference.com

Cottages (Available Seasonally)

Cottages	Single Night Cost	Multiple Night Cost	# of Nights	# of Guests	Linens and Towels (\$5 per person)
BEACH (sleeps 5)	\$110	\$80			
BEECHNUT (1) (sleeps 8)	\$100	\$75			
BLISS (sleeps 7)	\$130	\$95			
LITTLE ACORN (sleeps 4)	\$80	\$60			
MAPLE LEAF (sleeps 8)	\$110	\$80			
MILLS (sleeps 6)	\$95	\$70			
Preach n' Screech (sleeps 4)	\$95	\$70			
PITCHER'S BOX (sleeps 5)	\$90	\$70			
ROSE (sleeps 6)	\$120	\$90			
WHISPERING PINES (sleeps 6)	\$100	\$75			
WHITE BIRCH (sleeps 6)	\$120	\$90			
Rest Haven (sleeps 6)	\$135	\$100			

Conference room

(1 room already included in lodging price)

Extra room \$ _____

- ___ Arthur Johnston Lodge -capacity 300 in chairs, 150 at tables (\$200 as extra room)
- ___ Pine Lodge Conf. room -capacity 100 in chairs, 60 at tables (\$100 as extra room)
- ___ Tabernacle (seasonal)-capacity 300 in chairs (\$200 as extra room) *Available May-October*

One Meeting room included with retreat

Conference Room Setup

- ___ Chairs- # _____
- ___ Tables- # _____
- ___ Microphones # _____
- ___ White Board and Markers
- ___ Projector for Meeting Space- \$20 per event
- ___ Electric Drum Set- \$100 per event

Meals

Breakfast: \$7.00

Lunch: \$9.00

Dinner: \$11.00

All meals will be served at 8:00 AM, 12:00 PM and 5:00 PM unless otherwise specified.

Breakfast Time: _____

Lunch Time: _____

Dinner Time: _____

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Dietary Needs -Please list so our Food Service Director has time to accommodate

Additional Food Service Options

Prices Per Person

- Pizza-** \$8.00 Please list date and time: _____
- Pizza and Boneless Wings-** \$12.00 Please list date and time: _____
- Ice Cream Sundaes-** \$5.00 Please list date and time: _____
- Late Night Dessert-** \$5.00 Please list date and time: _____
- Coffee Break** (coffee, tea and light snack)- \$3.00 Please list date and time: _____
- Special Banquet Dinner-** \$15.00: Please list date and time: _____

Served in Dining Hall Unless Different Location is Specified

Programming and Additional Fees (Please Check all that Apply)

- | | |
|--|--|
| <input type="checkbox"/> Kayaking and Canoeing- \$35 per hour
Please list date and time: _____ | <input type="checkbox"/> Blacklight Dodgeball- \$100 for 1 hour (Facilitator, glow sticks, sound system and music provided)
Please list date and time: _____ |
| <input type="checkbox"/> Rock Climbing: \$45 per hour
Please list date and time: _____ | <input type="checkbox"/> 9 Square in the Air- \$25
Please list date and time: _____ |
| <input type="checkbox"/> Paintball: \$20 per person
Please list date and time: _____ | <input type="checkbox"/> Inflatable Obstacle Course- \$200 (up to 3 hours)
Please list date and time: _____ |
| <input type="checkbox"/> High Ropes: \$15 per person
Please list date and time: _____ | <input type="checkbox"/> Tractor Wagon Ride- \$25
Please list date and time: _____ |

Included Activities (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Mini Golf |
| <input type="checkbox"/> Beach or Field (Seasonal) | <input type="checkbox"/> Swimming (Summer Only) |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Snow Sledding (Seasonal) |
| Please list date and time: _____ | <input type="checkbox"/> Campfire |
| <input type="checkbox"/> Basketball in Gym | <input type="checkbox"/> Beachfront <input type="checkbox"/> Behind Ray Mills Youth Center in Field |
| Please list date and time: _____ | Please list date and time: _____ |
| <input type="checkbox"/> Tennis | |

BIBLE CONFERENCE

Facility Fee Groups of 15 or Less- \$100

Facility Fee \$ _____

Stipulations (please initial)

- _____ Read and abide by the Standard of Conduct and Statement of Faith (found on our website)
- _____ Schedule of the retreat/event must be submitted one week prior
- _____ Certificate of Insurance submitted prior to your arrival, can be obtained from your insurance carrier
- _____ Cancellation fee within 14 days is \$150
- _____ Depreciation of number – 10% less than the final stated group number, then you must cover meal prices for those not attending.
- _____ **Non-refundable Deposit due with contract, deposit subtracted from balance due**

\$200, 10 or fewer people	\$350, 11-50 people	\$750, 50+ people
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Credit Card *Need on file for reservation*

(if payment is not received at the time of your arrival, the balance will be charged to this credit card.)

Card Number _____ Expiration date _____

Name on Card _____ Signature _____

Billing Address _____

I hereby agree to the terms of this contract. I have also read and am in agreement with the General Rules, Standard of Conduct and Statement of Faith of the Sacandaga Bible Conference and agree to abide by the principles contained therein. I further agree to communicate all information regarding facilities use and guidelines to all group participants.

Dave Spencer
Executive Director

Group Leader Signature

Sacandaga
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