



Rental Booking Form

Organization Name

Start time/Date/Year

End time/Date/Year

Contact Person

Phone

Email

Fax

Mailing address

Meeting Room(s) requested:

___ Program Room dates _____ start time _____ end time _____

___ Garden House Room dates _____ start time _____ end time _____

___ Yurt dates _____ start time _____ end time _____

___ Pond Dome (Jun-Sept) dates _____ start time _____ end time _____

Accommodations requested:

If possible, please estimate to the best of your ability. (Confirmation of participant numbers, room allocations and special dietary needs information is required two weeks prior to rental date.)

___ # of single

___ # of shared

___ # of camping (seasonal)

___ # of commuters

Meals requested:

First meal date _____ time _____

Last meal date _____ time _____

