FINAL GROUP REPORT

FAX: 724-423-2096

Name of Group: _____ Date of Retreat: _____

Information from this form will be used to prepare your final invoice. Please send back ten days prior to your retreat. You may fax to the above number or email it to hannah@laurelville.org

Meal Counts

# Adult Meal Packages	
# Child Meal Packages	
# Infants	

Meals in addition to packages

	Adult	Child
Breakfast		
Lunch		
Dinner		
Breakfast		
Lunch		

	Adult	Child
Dinner		
Breakfast		
Lunch		
Dinner		

Lodging Counts (please refer to your contract to determine whether your group has All-Inclusive Rates (rate is per person) or Standard Rates (lodging and meal rates are separate) and complete the appropriate section below)

All-Inclusive Rates

	# of Adults (12 and over)
1 per room	
2 per room	
3 per room	
4 per room	
Total number of Children (3-11)	

Standard Rates

# of rooms (or buildings for cottages)	# of Adults	# of Children 3-11	# of Infants 0-2	# of nights	# of linen packets

Extra info (extra persons/room numbers/etc):

Retreat Supplies

Time/date	Location	Item

Food Service Extras

List if snack or coffee setup	Day/Date	Time	Location	Snack or coffee selection	for how many?
Snack/Coffee					
Snack/Coffee					
Snack/Coffee					
Snack/Coffee					
Snack/Coffee					
Snack/Coffee					

SPECIAL DIETARY NEEDS: Submit a diet request form (included with your contract and attachments) for each person with a special diet request

MEETING AREA SETUP: