

RETREAT RESERVATION

SQUAW VALLEY CHAPEL , UNITED CHURCH OF CHRIST Retain Copy and send original to:

Bev Wilson, Retreat Coordinator
PO Box 3501, Olympic Valley, CA 96146
Cell: 530-386-2060 Fax: 530-387-5555
Email: bdhwilson1@gmail.com

Our group wishes to reserve the following dates:

First Choice _____
Second choice _____
Time of Arrival (after 4pm) _____ Time of Departure (by 1pm) _____
Estimated number of persons attending: Youth _____ Adults _____ (There must be adults in the group)

LODGING COST AND POLICIES

\$20.00 per person per night, 2-night minimum. 15-person minimum during ski season.

DEPOSIT, PAYMENT AND CANCELLATION POLICIES

The reservation form, deposit and copy of your liability insurance must be received within 7 days of telephone reservations or the date will be released. A refundable reservation/security deposit check for \$500 payable to Squaw Valley Chapel must be received with your reservation, and full payment of \$20 per person per night must be paid on arrival. Please note that you must pay for the full number of nights you reserve (minimum 2, 3 on holiday weekends). If your group departs early without paying for the full number of nights, your deposit will be kept. Your deposit will be refunded if Squaw Valley Chapel (SVC) receives written cancellation at least one month prior to scheduled arrival date, otherwise deposit will be forfeited. Your deposit will be refunded by mail within a week of departure when the facility is left clean and in good condition with no damage. If any damage exceeds the \$500.00 security deposit, your church will be billed. Please let us know prior to arrival if your group number has changed. You will be expected to pay at least the minimum of 15 people for 2 nights (\$600.00) regardless of actual number.

INSURANCE AND NON-PROFIT GROUP STIPULATION

Squaw Valley Chapel is a tax-exempt organization, and Lodge Room activities must be in accordance with its tax-exempt purposes. Therefore your group must be sponsored by a recognized non-profit church or organization. Squaw Valley Chapel insurance is secondary to your organization’s insurance. Therefore it is imperative that you provide us with a copy of your organization’s liability insurance naming Squaw Valley Chapel as secondary insurer. **INSURANCE COPY MUST BE WITH YOUR RESERVATION AND DEPOSIT BEFORE YOUR RESERVATION WILL BE CONFIRMED.**

FACILITIES INFORMATION

Our Lodge Room facilities include plenty of large folding tables and chairs, 38 foam rubber mattresses, but no bedding, pillows, or towels. There is a TV and VCR for videotape use only because there is no local reception or cable. The ladies bathroom has two toilets, sink and shower, and the men’s bathroom has a urinal, toilet, sink and shower. The kitchen includes a sink, refrigerator, stove and oven, microwave oven and utensils. You must bring your own food and take it with you when you leave. **If the premises are left clean and in good condition with no damage, you security deposit will be refunded by mail within a week of departure. If any damage exceeds the \$500.00 security deposit, your organization will be billed.**

CONCURRENT USE OF CHURCH BY LOCAL CONGREGATION

The facilities are owned and operated by the local congregation of Squaw Valley Chapel, who conduct frequent services in the sanctuary such as worship, weddings, memorial services and events. Notice will be given prior to and upon arrival of any services or events scheduled during your group’s stay. In this case, personal items must be kept neatly stored in the Lodge Room during such services or events, and the group may be requested to be off-premises if required on Saturday between the hours of 10:30am and 4:30pm.

The sanctuary is not for group use unless you have secured permission prior to arrival to conduct study or worship services there. Attendance at the Squaw Valley Chapel worship service is welcome. Please let us know in advance if your group will attend. Sunday morning service is at 10AM. **The kitchen and entry hall should be clean by 8:30 AM Sunday morning to permit preparation of worship service and coffee hour.**

NAME OF GROUP _____

SPONSORING CHURCH OR NON-PROFIT ORGANIZATION _____

ADDRESS _____

PHONE _____ GROUP LEADER(S) _____

SIGNED _____ E-MAIL _____