

Application for Family Getaway Pine Lake Retreat Center

Name:			Email Address:		
Address:		City:	State:	Zip:	
Phone	Work ()	Home()	Fax ()	Cell ()	
Family Size:	Arrival Time:	Departure Time:		*Please note check-in time is 3:00pm & check out time is 11:00am	
Dates:	1 st Choice:	to	2 nd Choice:	to	3 rd Choice:

Lodging Requested

<input type="checkbox"/> Family Chalet	2 bedroom/2 bath with kitchen & living room	-Accommodates 4/6
<input type="checkbox"/> Lodge A	3 bedroom/2 bath with kitchen, dining & living room	-Accommodates up to 18
<input type="checkbox"/> Lodge B	2 bedroom/1 bath with kitchen	-Accommodates up to 12
<input type="checkbox"/> White House A	3 bedroom/2 bath with living room & kitchen	-Accommodates up to 10
<input type="checkbox"/> White House B	4 bunk beds/private bath & entrance	-Accommodates up to 8
<input type="checkbox"/> North Shore (wheelchair accessible)	3 bedroom/2 bath with kitchen, dining & living room	-Accommodates up to 12
<input type="checkbox"/> Bambi	4 bedroom/2 bath with kitchen, dining & 2 living rooms	-Accommodates up to 16
<input type="checkbox"/> RV Sites Please indicate how many you need: # _____	Full hook -up & picnic table. Bath house w/ laundry facilities available	-18 sites available
<input type="checkbox"/> Tent Camping	Bath house with laundry facilities available	

Recreation & Activities Requested

Please note that activities marked with an * are NOT available from sundown Friday to sundown Saturday.

<input type="checkbox"/> Bicycles (10 available)	<input type="checkbox"/> Hayride*	<input type="checkbox"/> Softball*
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Campfire	<input type="checkbox"/> Volleyball* (sand court -lighted)
<input type="checkbox"/> Low Elements Course	<input type="checkbox"/> Basketball* (outdoor-lighted)	<input type="checkbox"/> Golf Cart
<input type="checkbox"/> Mini-Golf* (lighted)	<input type="checkbox"/> Shuffleboard*	<input type="checkbox"/> 2 Seater <input type="checkbox"/> 4 Seater <input type="checkbox"/> 2 Seater w/ Cargo Bed
<input type="checkbox"/> Swimming Pool*	<input type="checkbox"/> Soccer*	

Terms & Conditions:

Pine Lake Retreat is a Christian retreat center, which is owned and operated by the Seventh-day Adventist Church. In order for all of our guests to feel comfortable at our facility, we ask that you observe a few simple guidelines while visiting:

- From sundown Friday until sundown on Saturday, we make every effort to maintain a quiet atmosphere which is conducive to worship because this is the Sabbath. The activities listed above with an asterisk (*) beside them are not available during the Sabbath hours.
- We request that modest bathing suits be worn while on camp property.
- There is to be no profanity used on the grounds.
- No beverages containing alcohol will be allowed on the premises. If anyone in your group is observed with any form of alcohol, you will be asked to leave and there will be no refund.
- The Seventh-day Adventist church does not believe in smoking, because we feel it is harmful to your health. We do care about those who smoke and understand that it is a very addictive habit. If you are interested in help to stop smoking, please contact us at our office and we will be glad to put you in contact with someone who can help. In the mean time, we ask that there be no smoking in any of the buildings or at public activities.

We ask that you provide adequate supervision of your family at all times and that the rules and guidelines be strictly followed by all members of your family.

I have read the above guidelines and agree to abide by them while at Pine Lake Retreat Center. It is also understood that there are charges involved when using the facilities at Pine Lake Retreat Center and it is agreed that these charges will be paid.

Signed: _____ Date: _____

In order to hold a date for your group, a deposit is required. Deposits are non-refundable after 30 days of the approved date.

DO NOT assume confirmation. Because of the demand for the camp facilities, your reservation is not confirmed until you receive a confirmation letter with the stated reservation.

(Office Use Only)

Camp Director's Approval: _____ Date signed: _____

Date Approved for Use: _____ Deposit Amt: \$ _____ Receipt # _____

Reservations are required for camp use. Please call or write:
 Reservation Central – 23400 N.W. 212 Ave - High Springs, FL 32643
 Phone: 386-454-1351 Fax: 386-454-4748 Email: rescentral@floridacamps.org
 www.pinelakeretreat.com