FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP HAZEN YMCA GROUP CAMPING

PRE-RETREAT CONFIRMATION

GROUP NAME: _____ GROUP LEADER: _____

DATE OF RETREAT: _____ to _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____

# of Participants/Students:_____x $..... = $_____

# of Chaperones:_____x $..... = $_____

Camp Hazen Group Membership= $___50___

Deposit Paid = $_____

TOTAL (less deposit) = $_____

FOOD & MEALS INFO

# of Vegetarians: _____ # of Vegans: _____

Allergies & Special Dietary Needs:

_____

_____

_____

_____

_____

TRANSPORTATION INFO

ARRIVAL BY: CAR_____ BUS_____ BOTH_____

AUDIO/VISUAL EQUIPMENT

PROJECTOR & SCREEN _____ SOUND SYSTEM_____ TV & DVD PLAYER _____