



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 \$..... = \$ _____

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 _____