SAVANNAH BAPTIST ASSEMBLY

Director, Tommy Duke cell (912) 667-7127

930 Honey Ridge Rd. Guyton, GA 31312

G R O U P I N F O	RESERVATION FORM - NON-MEMBER GROUPS (Day Use)						
	Please complete all information, sign, and return this form & deposit to the Assembly ASAP to secure reservation.						
	Church/Group:				_		
	Group Leader:				1 st Date Request:		
	Event:				2 nd Date Request:		
	Address:				Best Phone:		
	City, State, Zip:				Cell Phone:		
	Email:						
	Arrival Date:		Time:	Departure Date:		Time:	

G U	Number of Day Guests (\$4/person per day - plus building rate): Minimum of 20 required				
E		BUILDINGS & FACILITIES	Check Buildings/Spaces Requested:		
T	Tabernacle	\$50 first day/\$35 each subsequent day			
S	Pool (seasonal)	\$3 per person/minimum of \$75 per day			
- В	Big House	\$45			
U	Lodge	\$25			
1	Cabin 1	\$10			
L	Cabin 2	\$10			
ī	Cabin 3	\$10			
N	Cabin 4	\$10			
G	Cabin 5	\$10			
S	DEPOSIT:	One Day's Rate:			

COMPLETE	DEPOSIT ENCLOSED	\$			
	(Make check payable to "SAVANNAH BAPTIST ASSOCIATION")				
	Instructions/Notes:				
	1) Mail deposit & signed form to Savannah Baptist Assembly (930 Honey Ridge Rd, Guyton, GA 31312)				
	NOTE: Your reservation is NOT confirmed until deposit is received.				
	2) Reservation deposits are not refundable within 60 days of arrival date.				
	3) Balance due is to be paid to Assembly Director prior to departure.				
	GROUP LEADER SIGNATURE*:	DATE:			
	*Leader's signature attests that you have read all of <i>Welcome and Policies</i> document and agree to comply with rules and policies of the Savannah Baptist Assembly. As leader, it is your responsibility to familiarize your staff with these				

policies. Your signature certifies that Child Protection Documents are on file and the Liability insurance is in effect.

Day Use Form rev 06/17/2019

Office Phone (912) 772-3368

SAVANNAH BAPTIST ASSEMBLY

Director, Tommy Duke cell (912) 667-7127

930 Honey Ridge Rd. Guyton, GA 31312

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G	RESERVATION FORM - NON-MEMBER GROUPS (Overnight Use)						
R	Please complete all information, sign, and return this form & deposit to the Assembly ASAP to secure reservation.						
0							
U	Church/Group:			1			
Р	Group Leader:		1 st Date Request:				
	Event:		2 nd Date Request:				
ı	Address:		Best Phone:				
N	City, State, Zip:		Cell Phone:				
F	Email:						
0	Arrival Date:	Time:	Date:	Time:			
G	# of Overnight G	iuests (\$16/person per night - incl.					
U	Minimum of	20 required					
Ε	Additional Day G	Additional Day Guests (\$4/person per day): BUILDINGS & FACILITIES Ch					
S					s/Spaces Requested:		
Т	Tabernacle	\$50 first day/\$35 each subseq					
S	Pool (seasonal)	\$3 per person/minimum of \$7	5 per day				
- В	Big House	(Sleeps 20-35)					
U	Lodge	(Sleeps 16)					
ı	Cabin 1	(Sleeps 8)					
L	Cabin 2	(Sleeps 8)					
D	Cabin 3	(Sleeps 8)					
ı	Cabin 4	(Sleeps 8)					
N	Cabin 5	(Sleeps 16)	_				
G	DEPOSIT:	June/July/August reservations: \$500 Other months: \$320					
S		Other months:					
_	TENT CAMBING	TENT CANADING (\$6 /norson nor night).					
C A		TENT CAMPING (\$6/person per night): No Deposit Required					
М	No Deposit Nequiled						
P	RV CAMPING (\$30/vehicle per night - includes up to 2 people):						
I N	Additional RV Guests (\$10/person per night):						
G		t Required	ı				
	. To Dopos.	- · · · · · · · · · · · · · · · · · · ·					
	DEPOSIT ENCLO	SED \$					
	(Make check payable to "SAVANNAH BAPTIST ASSOCIATION")						
С	Instructions/No	tes:					
0	1) Mail deposit 8	Mail deposit & signed form to Savannah Baptist Assembly (930 Honey Ridge Rd, Guyton, GA 31312)					
M P		eservation is NOT confirmed until de	•				
L	•	Reservation deposits are not refundable within 60 days of arrival date.					
Ε	3) Balance due is to be paid to Assembly Director prior to departure.						
Т		DUP LEADER SIGNATURE*: DATE:					
E	_	ure attests that you have read all of <i>Welcome and Policies</i> document and agree to comply with rules					
	and policies of the Savannah Baptist Assembly. As leader, it is your responsibility to familiarize your staff with these						
	policies. Your signature certifies that Child Protection Documents are on file and the Liability insurance is in effect.						

Overnight Use Form rev 06/17/2019