SAVANNAH BAPTIST ASSEMBLY

Office Phone (912) 772-3368 cell 675-1453

930 Honey Ridge Rd Guyton, GA 31312 Guest House Phone (912) 772-9864

RESERVATION FORM ASSOCIATION GROUPS

Please complete **ALL** information. Sign & return this form, plus deposit to the Assembly within 15 days.

Church/Group	p	Date(s) Desired				
Group Leader			: Hm	Cell		
Event		Work	Emai	i1		
Address		City, State		Zip		
Arrival Date:	Time:	Departur	re Date:	Time:		
CHECK BUILDINGS NEEDED						
	AY USE ONLY			NIGHT USE		
Big House	\$45		-	(Sleeps 20-23)		
Lodge	\$25			(Sleeps 16		
Cabin 1	\$10			(Each cabin		
Cabin 2	\$10			1-4 sleeps 8)		
Cabin 3	\$10		Cabin 3			
Cabin 4	\$10		Cabin 4			
New Cabin	\$10		New Cabi	n (Sleeps 16)		
Tabernacle	\$50/\$35 (1 st d	ay/subsequent days)	Tabernacle	e \$50/\$35 *		
Pool	\$35 (Or \$	3.00/person)	Pool (\$35.	00/day) *		
			*Per cal	lendar day		
Daily Rate-Pay a	bove rate for building(s)	Overnight Rate - \$11.00 per person				
PLUS a per person charge of \$2.00			No building use charge except Tabernacle			
MINIMUM OF 20 REQUIRED			MINIMUM OF 20 REQUIRED			
OVERNIGHT DEPOSIT June/July/Aug \$500.00						
DEPOSIT = Daily rate for each building/pool checked ALL other months \$220.00						
TENT CAMPING* \$4.00 per person/per night No Minimum						
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RECREATIONAL VEHICLES* \$6.00 per person/per night + \$20.00/vehicle/night (includes 2 people) *No Deposit required						
DEPOSIT ENCLOSED = \$ Make check payable to SAVANNAH BAPTIST ASSOCIATION						
Mail deposit and this form to: Savannah Baptist Assembly 930 Honey Ridge Road Guyton, Ga. 31312						
NOTE: Your reservation is NOT confirmed until deposit is received.						
NOTE: Reservation deposits are not refundable unless canceled prior to March 31 OR another group can be scheduled.						
**BALANCE DUE IS TO BE PAID TO ASSEMBLY DIRECTOR UPON DEPARTURE						
DATE	* GROUP LEA	DER'S SIGNATU	IRE			
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^{*}Leader's signature attests that you have read All of the enclosed/attached Welcome and Policies 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 that Liability insurance is in effect.