

# Mountain View Retreat Center

Box 1000 Abbotsford, BC V2S 4P5

Phone: 1-888-869-2615

Fax: 604-853-8681

Name of Group	Phone	Fax
Address	E-mail	
City/Town	Postal Code	
Contact Person	Work Phone	Home Phone

Arrival Time & Date \_\_\_\_\_ Departure Time & Date \_\_\_\_\_

Estimated Group Size: Adults \_\_\_\_\_ Teens \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_

## FACILITIES AND SERVICES REQUIRED

### CATERED MEALS

- Village Cabins – How many
- RV Sites (no hookups)
- Tent Site (no hookups)
- 

### SELF CATERED

- Lower Lodge
- Lower Kitchen
- Village Cabins – How Many
- RV Sites (no hookups)
- Tent Sites (no hookups)
- 

### OTHER FACILITIES

Indoor/Outdoor Gymnasium

- Meeting Building
- Outdoor Amphitheater
- Creation Station -Craft Building
- P/A System(s) – Extra cost
- A/V Equipment – Extra cost
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### SERVICES OFFERED (When Available)

Ropes Course

- Mountain Biking
- Swimming Pool
- Water Skiing
- Pottery
- Horses – very limited availability
- Canoeing

Please give us a brief out-line of your program: \_\_\_\_\_

SIGNATURE OF ADULT IN CHARGE \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT ENCLOSED \$ _____	Payment by: <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash
Card Number _____	Expiration Date _____ Issuing Bank _____
Name on Card _____	Signature _____

Please fax or mail this form along with the signed Rental Agreement and Deposit