



Mountain View Retreat Center

Box 1000, Abbotsford, BC V2S 4P5

Phone: 604.853.5451 ext 413 - Fax: 604.853.8681

Email: info@mvsc.ca

GROUP APPLICATION FORM

Name of Group		Phone	Fax
Address		Email	
City/Town		Postal Code	
Contact Person	Work Phone	Home Phone	

ARRIVAL		DEPARTURE	
Date:	Time:	Date:	Time:

ESTIMATED GROUP SIZE

Adults (19+)	Teens (13 - 18)	Children (6 - 12)	Children (2 - 5)	Toddlers (0 - 1)	TOTAL Attending
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FACILITIES AND SERVICES REQUIRED

<input type="checkbox"/> CATERED MEALS		<input type="checkbox"/> SELF CATERED <input type="checkbox"/> Lower Lodge <input type="checkbox"/> Lower Kitchen	
OTHER FACILITIES AVAILABLE	# Requested	SERVICES OFFERED (When Available)	
<input type="checkbox"/> Village Cabins <input type="checkbox"/> RV Sites (No Service) <input type="checkbox"/> RV Sites (Serviced) <input type="checkbox"/> Tenting Sites	<hr/> <hr/> <hr/>	<input type="checkbox"/> Indoor Climbing Wall <input type="checkbox"/> Canoeing <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Water Skiing/Wake Boarding <input type="checkbox"/> Archery <input type="checkbox"/> Horses <input type="checkbox"/> Ropes Challenge Course <input type="checkbox"/> Zip Line (150 Meters) <input type="checkbox"/> Pottery	
<input type="checkbox"/> Indoor/Outdoor Gym <input type="checkbox"/> Meeting Building <input type="checkbox"/> Outdoor Amphitheatre <input type="checkbox"/> Creation Station <input type="checkbox"/> P/A System(s) <input type="checkbox"/> A/V Equipment			

Please give us a brief outline of your program below

Signature of person in charge _____ Date _____

Payment

<input type="checkbox"/> Business cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Deposit Enclosed (Enter amount above)	Payment by	
Card Number	Expiration Date	Issuing Bank
Signature	Name on Card	

*Please email form with the signed Rental Agreement to info@mvsc.ca and deposit to PO Box 1000, Abbotsford, BC V2P 4P5