



Mountain View Retreat Center

Box 1000, Abbotsford, BC V2S 4P5

Phone: 604.853.5451 ext 304 - Fax: 604.853.8681 - Email: info@mvsc.ca

GROUP/FAMILY APPLICATION FORM ~ 2020 COVID19

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

ARRIVAL ~ Friday ~ 1 hr before sundown		DEPARTURE ~ Saturday ~ 1hr after sundown	
Date:	Time:	Date:	Time:

ESTIMATED GROUP/FAMILY SIZE

Adults (19+)	Teens (13 - 18)	Children (6 - 12)	Children (2 - 5)	Toddlers (0 - 1)	TOTAL Attending
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FACILITIES AND SERVICES ~ Not provided during COVID19

<input type="checkbox"/> CATERED MEALS		<input type="checkbox"/> SELF-CATERED <input type="checkbox"/> Lower Lodge <input type="checkbox"/> Lower Kitchen	
cabin/tent/RV/ per Night/Tent	# cabin/tent	SERVICES OFFERED-Prices per Person/Time Period	
<input type="checkbox"/> Village Cabins (max 9) ~ \$78.00		<input type="checkbox"/> Indoor Climbing Wall	NA (COVID19)
<input type="checkbox"/> RV Sites (15 AMP) ~ \$27.00		<input type="checkbox"/> Canoeing ~ \$17.50 ~ 1 ½ hrs	#
<input type="checkbox"/> RV Sites (Water/Power) ~ \$33.00		<input type="checkbox"/> Swimming Pool ~ \$5.00 ~ 1 hr	#
<input type="checkbox"/> Tenting/RV (No service) ~ \$15.00		<input type="checkbox"/> Water Sports ~ \$50.00 ~ 1 ½ hrs	#
<input type="checkbox"/> Creation Station		<input type="checkbox"/> Archery ~ \$10.00 ~ 1 hr	#
<input type="checkbox"/> P/A System(s) <input type="checkbox"/> A/V Equipment		<input type="checkbox"/> Axe Throwing ~ \$10.00 ~ 1 hr	#
<input type="checkbox"/> Indoor/outdoor Gym \$110.00/day		<input type="checkbox"/> Horses ~ \$50.00 ~ 1 hr	#
<input type="checkbox"/> Meeting Building \$233.00/day		<input type="checkbox"/> Ropes Challenge Course	NA (COVID19)
<input type="checkbox"/> Outdoor Amphitheatre \$95.00		<input type="checkbox"/> Zip Line (150 Meters)	NA (COVID19)

*Times for activities are provided based on number of requests ~ either morning or afternoon. Length of activities is approximate.

Please give us a brief outline of your program below

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Signature of person/parent 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		3 digit code		Issuing Bank	
Signature				Name on Card			

**Please email this form along with the signed Rental Agreement and Deposit to info@mvsc.ca