



# ZEPHYR POINT PRESBYTERIAN CONFERENCE CENTER

## CONFERENCE REQUEST

P.O. Box 289; Zephyr Cove, NV 89448 - Phone (775) 588-0840 #2 - Fax # 775-588-1095

Conference Office email: [conference@zephyrpoint.org](mailto:conference@zephyrpoint.org)

Conference Request

FOR THE YEAR \_\_\_\_\_

Today's Date \_\_\_\_\_

<b>Annual Booking:</b> <input type="checkbox"/>	<b>Rebooking Group:</b> <input type="checkbox"/>	<b>New Group:</b> <input type="checkbox"/>
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Sponsoring Church/Organization Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Conference: Women:  Men:  Couples:  Families:  Youth:  Other:  \_\_\_\_\_

Church or Organization Address:	Phone: _____
Street Address: _____	Fax: _____
City: _____ St: _____ Zip: _____	Web Site: _____

Coordinator/Contact Name: \_\_\_\_\_

Correspondence Address (if different from above):	Phone: _____
Street Address: _____	E-mail: _____
City: _____ St: _____ Zip: _____	Alternate Phone/E-mail: _____

Did you rent this facility last year on these dates? Yes:  No:

How long has this group been coming to Zephyr Point?

1 yr. <input type="checkbox"/>	2-4 yrs. <input type="checkbox"/>	5-10 yrs. <input type="checkbox"/>
11-15 yrs. <input type="checkbox"/>	16-20 yrs. <input type="checkbox"/>	21 + yrs. <input type="checkbox"/>

Indicate name of person(s) authorized to sign contract or make changes: \_\_\_\_\_

### Write out any Cabin numbers or Lodge names.

Dates Requested: _____	Alternate Dates: _____
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Lodging 1 <sup>st</sup> choice: _____	Lodging 2 <sup>nd</sup> choice: _____
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Number of Guest Rooms: _____	Approximate Number of Attendees: _____
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Conference Room Desired? Yes:  No:

### MEAL SERVICE:

For conferences desiring meal service, minimums are:  
**CONSECUTIVELY: 5 meals for 2-night events or 7 meals for 3-night events.**

Friday: bf  l  d  Saturday: bf  l  d  Sunday: bf  l  d

Monday: bf  l  d  Tuesday: bf  l  d  Wednesday: bf  l  d  Thursday: bf  l  d

Mark if **NO** meal service requested:

For **RETURN** bookings, please complete this form and submit within **10 DAYS** of departure for priority consideration. Zephyr Point Conference Office must approve all requests.

Submitted & Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

Dates/Days Assigned: \_\_\_\_\_

Lodging Space Booked: \_\_\_\_\_

Tentative Conf. Room: \_\_\_\_\_

Meals/Days: \_\_\_\_\_

Extras: \_\_\_\_\_