



# ZEPHYR POINT PRESBYTERIAN CONFERENCE CENTER

## CONFERENCE REQUEST

P.O. Box 289; Zephyr Cove, NV 89448 - Phone (775) 588-6759 ext. 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"/>	
Sponsoring Church/Organization Name: _____					
Name of Event: _____					
Type of Conference: Women: <input type="checkbox"/> Men: <input type="checkbox"/> Couples: <input type="checkbox"/> Families: <input type="checkbox"/> Youth: <input type="checkbox"/> Other: <input type="checkbox"/> _____					
Church or Organization Address:			Denomination: _____		
Street Address: _____			Church/Org. Phone: _____		
City: _____ St: _____ Zip: _____			Fax: _____		
			Web Site: _____		
Coordinator/Contact Name: _____					
Correspondence Address (if different from above):			Phone: _____		Home: <input type="checkbox"/> Work: <input type="checkbox"/> Cell: <input type="checkbox"/>
Street Address: _____			Alt. Phone: _____		Home: <input type="checkbox"/> Work: <input type="checkbox"/> Cell: <input type="checkbox"/>
City: _____ St: _____ Zip: _____			E-mail: _____		
			Alt. E-mail: _____		
Did you rent this facility last year on these dates?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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: _____					
<b>Write out any Cabin numbers or Lodge names.</b>					
Dates Requested: _____		Alternate Dates: _____			
Lodging 1 <sup>st</sup> choice: _____		Lodging 2 <sup>nd</sup> choice: _____			
Number of Guest Rooms: _____		Approximate Number of Attendees: _____			
Conference Room Desired? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>MEAL SERVICE:</b>					
For conferences desiring meal service, minimums are: CONSECUTIVELY: 5 meals for 2-night events or 7 meals for 3-night events.					
Friday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>		Saturday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>		Sunday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>	
Monday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>		Tuesday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>		Wednesday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/> Thursday: bf <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>	
Mark if <b>NO</b> meal service requested: <input type="checkbox"/>					
For <b>RETURN</b> bookings, please complete this form and submit within <b>10 DAYS</b> of departure for priority consideration. Zephyr Point Conference Office must approve all requests.					
Submitted & Signed by: _____				Date: _____	
Notes: _____ _____ _____ _____ _____ _____			<b>For Office Use Only:</b>		
			Dates/Days Assigned: _____		
			Lodging Space Booked: _____		
			Tentative Conf. Room: _____		
			Meals/Days: _____		
			Extras: _____		