



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

Conference Request

FOR THE YEAR _____

Today's Date _____

Annual Booking: <input type="checkbox"/>	Rebooking Group: <input type="checkbox"/>	New Group: <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:	Church/Org. Phone:
Street Address: _____	Fax: _____
City: _____ St: _____ Zip: _____	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: 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 st choice: _____	Lodging 2 nd 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 <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"/>
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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"/>
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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: _____