



**CAMP SANKANAC RETREAT APPLICATION FORM**

GROUP/ORGANIZATION INFORMATION

Group Name: \_\_\_\_\_

Group/Organization Address/City/State/ZIP: \_\_\_\_\_

Group Phone: \_\_\_\_\_ Group Website: \_\_\_\_\_

Group/Organization e-mail: \_\_\_\_\_

**Do we have a copy of proof of liability insurance for the calendar year of rental?**

(Please check)  YES  NO, a copy is enclosed.  NO, a copy is being mailed.

CONTACT PERSON/GROUP LEADER INFORMATION

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

RETREAT INFORMATION

Arrival date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Facility Reserving (Please check all that apply.)**

Parker House  Main Camp (Cliffside, Mill, Scott House)  All Camp  Other (Please specify: \_\_\_\_\_)

Time of Arrival: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Type of Group/Purpose of Retreat: \_\_\_\_\_

Total Number Expected: \_\_\_\_\_ Do you need Sankanac to provide meal service? Circle: YES NO

Starting Meal: \_\_\_\_\_ Ending Meal: \_\_\_\_\_

Please list desired meal times: \_\_\_\_\_

**\*PLEASE NOTE: If staying at Parker House or Banks Cabin, your arrival must be AFTER 6:00 pm.**

*As authorized signer, I agree that Camp Sankanac and BCM International and any personnel thereof are hereby released from any and all liability for or by reason of any injury or damage of any nature whatsoever which may be sustained by any member of the group using Camp Sankanac property and facilities. I have also read and will comply with Camp Sankanac's policies on rules, registration, pricing, cancellations, and retreats as listed on the website. I understand that smoking, alcohol, and drug use are prohibited. I agree to respect and adhere to BCM International's statement of faith found at [www.bcmintl.org/who-we-are/what-we-believe](http://www.bcmintl.org/who-we-are/what-we-believe).*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this completed form along with the non-refundable reservation fee as listed below:

**\$100 for Parker House, \$200 for Main Camp, \$300 for All Camp**

This reservation fee is non-refundable should you choose to cancel, and it is in addition to the per person costs of your stay. Please do not submit this application unless you have read our policies in full.

**Camp Sankanac, 68 Bertolet School Road, Spring City, PA 19475**

Phone: 610-310-7066 Fax: 610-469-6454 E-mail: [guestservices@campssankanac.org](mailto:guestservices@campssankanac.org)

[www.campssankanac.org](http://www.campssankanac.org)

OFFICE USE ONLY	
\$ _____ CK# _____	Name: _____
Date Received: _____	Staff Signature: _____