

Traber Center at Camp Sankanac

Application Form

Group Name _____

Address/City/State/Zip _____

Phone _____ Email _____

Person in Charge _____

Address _____

Cell Phone _____ Email address _____

Group Insurance Carrier _____ Policy Number _____

(Please enclose proof of insurance with BCM International/Camp Sankanac listed as the certificate holder.)

Dates applying for _____ To _____

Time of Arrival _____ Time of Departure _____

Approximate Guest Count _____ Number of Rooms Needed out of 15 _____

**** You are required to give a final count one week prior to your arrival and will be charged for the number given regardless of cancellations. Please be prepared to provide number of overnight guests (1 night and 2 nights) as well as any day guests. Thank you!**

Beginning Meal _____ (ex. Friday dinner) Ending Meal _____

Purpose of Retreat _____

Special Needs or Concerns: _____

(All dietary restrictions and needs must be discussed with our office no later than one week in advance.)

By signing below, I hereby state that Traber Center and BCM International and any personnel thereof are hereby released from any and all liability for or by reason of any injury, damage, or loss of any nature whatsoever which may be sustained by any member of the group using the property. By signing below, I also understand that the reservation fee is in addition to the per person cost of my stay and I agree to meet the \$2,500 weekend minimum. I have read and understand the cancellation policy and by signing below I hereby agree to abide by it. 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.

Authorized Signature _____ Date _____

Please mail this completed form along with the non-refundable reservation fee of \$400 in the form of a check to:

Camp Sankanac, 68 Bertolet School Road, Spring City, PA 19475 **(Checks should be made payable to Camp Sankanac)**

Phone: (610) 469-6320 guestservices@campsankanac.org www.campsankanac.org



OFFICE USE ONLY

\$ _____ CK #: _____ Name: _____

Date Received: _____ Staff Signature: _____