

# 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](http://www.bcmintl.org/who-we-are/what-we-believe).*

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



Please mail the reservation fee along with this application form to:

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

Phone: (610) 469-6320 \*\*\* [guestservices@campscanac.org](mailto:guestservices@campscanac.org) \*\*\*\* [www.campscanac.org](http://www.campscanac.org)

**OFFICE USE ONLY**

\$ \_\_\_\_\_ CK #: \_\_\_\_\_ Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff Signature: \_\_\_\_\_