

PLEASE PRINT CLEARLY OR TYPE

GRAND SESSION ROOM RESERVATION FORM

Bethel Guardian or Adult Responsible for Room Reservations:

Bethel No. & Location	
NAME	
ADDRESS	
CITY & ZIP	
PHONE #	
EMAIL ADDRESS	

ROOM OCCUPANTS:

NAME: (*Indicates Adult)	WED	THUR	FRI	SAT

PLEASE CIRCLE SPECIAL NEEDS:

- 1) This room must be located near Bethel members' rooms (Needed as Chaperones for girls) **YES** or **NO**
- 2) SMOKING ROOM **OR** NON-SMOKING ROOM
- 3) 2 FULL-SIZED BEDS **OR** 1 KING-SIZED BED
- 4) INFANT CRIB ROLLAWAY BED (will be an extra charge)

PLEASE NOTE ANY OTHER SPECIAL NEEDS BELOW:
