

2012 GRAND SESSION ROOM RESERVATION FORM

PLEASE PRINT OR TYPE CLEARLY

Bethel # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

E-mail Address _____

Room Occupants

Name (* indicates adult)	Wed	Thur	Fri	Sat

Please circle special needs:

1.) This room must be located near bethel members rooms (chaperones for girls) YES NO

2.) 2 Full Sized Beds OR 1 King Bed

3.) Crib OR Rollaway

4.) Refrigerator \$10 charge (limited number available) Only for medical purposes in an adult room

Notes: _____
