

**2012 Schedule of Fees
for Not For Profit Groups**
(Effective through December 31, 2012)

Not for Profit Groups (per person)

Overnight	
One night*	\$160.00
Two nights*	\$253.50
Each additional night*	\$ 99.00
Day use	\$ 41.00

Included in the fee:

- Overnight
 - Linens (towels, sheets, blanket, pillows, soap)
 - One night: three meals provided by the Center
 - Two nights: five meals provided by the Center
- Day use : Full use of meeting facilities and lunch
- Endless coffee, tea, and a cold beverage service
- Program aids: easels, DVD/VCR with monitor, projector
(newsprint available at nominal charge)

Additional charges:

* Private room charge of \$15 for first night and \$3 each additional night. Additional meals are \$12/meal per person; evening snacks available for modest extra charge or may be substituted for a meal (i.e., two meals and a snack); continental breakfast served with day use for additional \$4 per person. Additional charge of \$4.75 for Hallwood to make beds.

Reservations and deposit required. A non-refundable deposit equal to 30% of the total group fee is required with this reservation. The total group fee is calculated according to the number of people attending (both daytime and overnight), plus the private room adjustment if private rooms are requested. ***NO dates will be guaranteed until a deposit is received.*** Please try to estimate the number of guests accurately. Hallwood may not be able to accommodate more participants than have been included with the reservation. The final number of guests must be provided two weeks before the date of arrival.

RESERVATION AGREEMENT

(Please print or type)

Name of Group: _____

Church Affiliation (if any): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Group Leader/Contact Person: _____

Group Leader Telephone: _____ Fax: _____

Group Leader/Contact Person Email: _____

Please describe the program: _____

Proposed dates:

Dates requested: _____

Program start time: _____ Program end time: _____

Leader arrival time: _____ Leader departure time: _____

Number of participants (including leaders): _____

If some participants will be participating only during the day, please provide the number of overnight and daytime guests: Overnight: _____ Daytime: _____

Bedroom arrangements: # Private rooms requested _____

Meals (circle):

Day 1:	Breakfast	Lunch	Dinner	Snack
Day 2:	Breakfast	Lunch	Dinner	Snack
Day 3:	Breakfast	Lunch	Dinner	Snack

Deposit enclosed: \$ _____

A non-refundable deposit equal to 30% of the total group fee is required with this reservation. **No dates will be guaranteed until a deposit is received.** A worksheet for calculating the deposit is on the next page. The final count for the number of guests must be provided two weeks before arrival.

Certificate of Insurance (circle one): **Enclosed** **At Registration**

I have read the attached rules and procedures for the use of Hallowood and agree to be bound thereby.

Group Leader/Contact Person

Date

(Over, please)

Reservation Agreement (continued)

Please list any special needs (equipment, dietary, etc.) that you or your group may have:

DEPOSIT WORKSHEET

Deposit Calculation for Not For Profit Groups						
	No.	Mult.	Fee	Total	Mult.	Deposit
Overnight						
One night:		X	\$160.00			
Two nights:		X	\$253.50			
Additional night:		X	\$99.00			
Private room:		X	\$15.00			
Extra meals:		X	\$12.00			
Day use		X	\$41.00			
Continental breakfast for day use:		X	\$4.00			
TOTAL:				\$	x .30	\$

Return this form to:

**Gary Pritchett, Director
Hallowood Retreat & Conference Center
7300 Banner Road
Comus, MD 20842-8010**

Inquiries: 301-831-8422 Email: info@hallowood.org FAX: 301-874-6026