



GROUP ENROLLMENT APPLICATION BLUE RIDGE CAMP AND RESORT, INC.

Retreat Directors:
Lori & Joey Waldman
blueridgecamp@gmail.com

Summer Contact Information:
P.O. Box R
Hwy 441 and Playhouse Drive
Mountain City, GA 30562
706-746-5491

Winter Contact Information:
510 NW 84 Avenue
Suite 101
Plantation, FL 33324
954-668-6888

For Retreat & Conference Center Information:
blueridgecamp@gmail.com

PLEASE PRINT ALL INFORMATION AND FILL ALL FIELDS

Name of Group/Company/Organization: _____
Group Contact /Title: _____ First Name: _____ Last Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____ Cell: _____
Email: _____ Fax: _____
How did you hear of us? _____ If Google search, what keyword(s) did you use? _____

EVENT INFORMATION

Name of Group: _____
Purpose of Event: _____ Will you coming in charter buses or private transport? _____
Estimated # of Attendees: _____ Ages of attendees: _____
Preferred Arrival Dates: Month: _____ Day: _____ Year: _____
Preferred Departure Dates: Month: _____ Day: _____ Year: _____
Are your Dates Flexible: (Please Circle) Yes/No
Alternative Dates:
Option : Month: _____ Day: _____ Year: _____

SERVICES/FACILITIES REQUIRED

- Staff Lodging: Yes/No How many private rooms will be needed _____ (\$40pp add'l per weekend/\$70 per week)
- Auditorium: Yes/No Will a projector be needed: Yes/No
- Gymnasium: Yes/No Meeting Areas: Yes/No Sports Fields Area: Yes/No
- Waterfront: Yes/No

Please detail below the days in which you will use the Waterfront and approximate start/end times for this activity.

Days Required: _____

Activity Start Time & End Time: _____

- Boating Waterfront: Yes/No

Please detail below the days in which you will use the Boating Waterfront and approximate start/end times for this activity.

Days Required: _____

Activity Start Time & End Time: _____

- Low Ropes Course: Yes/No

Days Required: _____

Activity Start Time & End Time: _____

- Additional Indoor/Outdoor Activity Areas Required: see website Additional Equipment Required:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

CATERING REQUIREMENT

Number of Meals Required _____ What meal will be your first meal at camp? _____ Ending meal? _____

Breakfast: _____

Lunch: _____

Dinner: _____

If the last meal is breakfast departure is expected at 11:30am and if it is lunch, departure is expected by 3pm.

Additional Hospitality Requirements:

Any other Equipment/Facility Requirements:
