

BIG SANDY CAMP RETREAT PLANNER

NAME OF GROUP _____ SIZE OF GROUP _____

RETREAT DATE _____ PHONE _____

ARRIVAL TIME _____ CONTACT PERSON _____

DESIGNATED HOUSING _____

To assist in planning for your group, please indicate time for activities on the lines below.

ACTIVITIES:	Friday	Saturday	Sunday
HAYRIDE	_____	_____	
BONFIRE	_____	_____	
GYM*	_____	_____	
CLIMBING WALL	_____	_____	
SNACK SHOP	after lunch and supper		
GENERAL STORE	after lunch and supper		

AUDIO-VISUAL EQUIPMENT:

WHITE/CHALK BOARD	_____	_____
OVERHEAD PROJECTOR	_____	_____
DVD/VCR PLAYER & TV	_____	_____
SOUND SYSTEM	_____	_____
TAPE RECORD SESSION	_____	_____
CD/TAPE PLAYER	_____	_____
VIDEO PROJECTOR	_____	_____
(Additional charge of \$50)		

SPECIAL ACTIVITIES &/OR REQUESTS:

- 1.

- 2.

*Please reserve the gym in one hour increments for Friday night, Saturday afternoon and Saturday evening. The remainder of the time is open gym.

IMPORTANT - Please return this form along with your group's schedule the Monday before your retreat. Requests will be considered on a first received, first served basis.



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