

# SCHWEITZER CHAPEL

## RETREAT RESERVATION APPLICATION

THANK YOU for your interest to use Schweitzer Chapel for a retreat. The Chapel was built through the vision, energy, and contributions of many people. We trust that God will use it as a place where young and old can find enjoyment, inspiration, and fulfillment. The facility is available for use by Christian churches and organizations with a priority towards junior and high school youth during the ski season. The Schweitzer Chapel "Policy for Use" has been adopted by the all-volunteer Schweitzer Chapel Board of Directors which reserves the right to choose who may use the facility.

Applications should be submitted either online or mailed to: **Nicole Rust, 4 Birch Tree Drive, Sagle ID 83860**. Payment of **\$300** (which includes a \$100 non refundable deposit) will need to be made to \*PayPal or mail a check to: **Schweitzer Chapel, PO Box 55, Ponderay ID 83852** within 10 days of your application approval.

\*To make a PayPal payment: Go to *www.schweitzerchapel.com* & click on *DONATE*

**NAME OF GROUP** \_\_\_\_\_

**CHURCH AFFILIATION** \_\_\_\_\_

**Has Your Group Stayed at the Chapel before YES / NO When:** \_\_\_\_\_

<b>1st Choice Arrival Date</b>	___/___/___	<b>Departure Date</b>	___/___/___
<b>2nd Choice Arrival Date</b>	___/___/___	<b>Departure Date</b>	___/___/___
<b>3rd Choice Arrival Date</b>	___/___/___	<b>Departure Date</b>	___/___/___

**NUMBER OF NIGHTS (2 Night Minimum)** \_\_\_\_\_

**NUMBER OF PEOPLE** \_\_\_\_\_ (anticipated to stay) **Age group 12-15 16-18 18+**  
(MINIMUM of 25 & MAXIMUM of 48)

**ESTIMATED NUMBER OF SKIERS AND/OR SNOWBOARDERS** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** **DAY** (\_\_\_\_) \_\_\_\_\_ **NIGHT** (\_\_\_\_) \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and agree to the *Policies For Retreat Use*

**Schweitzer Chapel Board**