



## RETREAT PLANNING FORM

### GROUP INFORMATION

Group Name: \_\_\_\_\_

Type of Group:                      Adult                      Sr. High                      Jr. High                      Children

Numbers Breakdown:                      Males                      Females                      Male Leaders                      Female Leaders                      Total

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### CONTACT INFORMATION

Pre-Arrival Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person During Retreat: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### FACILITY PREFERENCES

All cabins are bunk style cabins with bathrooms attached. Please list how many cabins you would like ([Cabin Layouts](#)):

\_\_\_\_\_ 12 person cabins-5 total                      \_\_\_\_\_ 14 person cabins-5 total

\_\_\_\_\_ 16 person cabins-1 total                      \_\_\_\_\_ 18 person cabins-2 total

Guest Rooms—\$40 per room for the whole time you're here.

Number of rooms: \_\_\_\_\_

Each group will get one room reserved, but it will still be \$40 to use. Additional guest rooms will be subject to availability. There are six guest rooms in total.

Rank Your Meeting Room Preferences ([Meeting Room Description](#)):

Hill Chapel \_\_\_\_\_ (seats up to 300)

Oaks Chapel \_\_\_\_\_ (seats up to 150)

Longhorn \_\_\_\_\_ (seats up to 75)

Montana Cabin \_\_\_\_\_ (cabin living room; seats 10)

NOTE: We will do our very best to meet these requests. They do not guarantee use of requested rooms. Your group is guaranteed a meeting room and cabins based on your group size.



**SPECIAL NEEDS:**

Is there anything else that would be helpful for us to know so we can serve you better?

Does anyone in your group have a special physical need which may require special attention? If yes, please explain and list your specific needs.

Does anyone in your group have dietary restrictions or food allergies we should be aware of? If yes, please explain and list your specific needs.

Does your group have any meal/dietary preferences?

**Please return the filled out retreat planning form 2 weeks before to your retreat:**

Phantom Ranch Bible Camp  
Attn: Brooks Gallman, Guest Group Coordinator  
W309 S10910 County Road I  
Mukwonago, WI 53149  
Fax: 262.363.6941  
Email: [brooks@phantomranch.org](mailto:brooks@phantomranch.org)