

SHRINE MONT CHECK LIST

Please use the following list to help with preparations for your upcoming retreat

1. Notify Shrine Mont within 10 days of receipt of your emailed / mailed confirmation to confirm your reservation. If you are not the coordinator of your retreat, inform Shrine Mont immediately.

Date notified Confirmed: _____

2. Mail signed confirmation along with deposit within 45 days of receipt of confirmation. See our website for cancellation policies.

Date notified Confirmed or Cancelled: _____

3. Read, review and print - Please make sure you review all housing, rates, meeting spaces, etc. as these may be different from previous year's. Please print all pertinent reservation information located on our website, i.e floor plans, retreat request form and dietary needs.

Date: _____

4. Please read our website to review all policy information. Shrine Mont will stand by these policies.

Date: _____

5. Yes, we would like to set up a date for Shrine Mont staff to visit and promote our retreat.

Date Contacted: _____

7. Housing - Please contact immediately any housing issues such as needing more space or not being able to fill space that was assigned to your retreat.

Date Notified : _____

8. Three months before your retreat please inform Shrine Mont your attendance thus far, any set-up changes or additions, catering, etc.

Date Notified : _____

9. Guaranteed attendance number is due 2 weeks prior to retreat. This number will be used for meal attendance and billing. Please see our website for attendance guarantee policy.

Date Sent: _____

10. Per new Shrine Mont safety plan please submit a housing list and a retreat schedule a week before the retreat for our review.

Date Sent: _____

SHRINE MONT RESERVATION REQUEST

Complete and return form along with the signed confirmation page attached. Please Note that requests will be fulfilled to the best of our ability and may need to be adjusted accordingly. Charged items are taxed at 5.3%.

Remember to include your deposit.

Group Name: _____ Billing Address: _____
 Dates Attending: _____
 Phone #: _____
 Fax #: _____ Contact Person: _____
 email: _____ Advance Deposit: _____

REQUESTS

| ITEM | QUANTITY | LOCATION / TIME(s) |
|---|---|--------------------|
| <input type="checkbox"/> TV/DVD - (\$35) | _____ | _____ |
| <input type="checkbox"/> LCD Player - (\$100) | _____ | _____ |
| <input type="checkbox"/> Screen - (\$25) | _____ | _____ |
| <input type="checkbox"/> White Board (\$25) | _____ | _____ |
| <input type="checkbox"/> Easel & Pad (\$25) | _____ | _____ |
| <input type="checkbox"/> Campfire - (\$25 includes wood, starter fluid, water) | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |
| <input type="checkbox"/> Hayride - (\$100 per wagon) | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |
| <input type="checkbox"/> Cribs - (\$10) / <input type="checkbox"/> Cots - (no charge) | | _____ |
| <input type="checkbox"/> Prayer Book <input type="checkbox"/> Hymnal - (no charge) | | |
| <input type="checkbox"/> Door Hangers - (no charge) # _____ | <input type="checkbox"/> Mail <input type="checkbox"/> pick up front desk | |

| ITEM | QUANTITY | LOCATION(s) | SET-UP | STACKED |
|---|----------|-------------|--------------------------|--------------------------|
| <input type="checkbox"/> Chairs - (no charge) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Total Tables - 6ft folding (2 Free, each additional - \$10 per) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Meeting Space: set-up instructions (please be specific): _____

FOOD REQUESTS

| ITEM | DATE | TIME(s) & LOCATION(s) |
|---|---|-----------------------|
| <input type="checkbox"/> Ice Cream Social - (\$3 per person) | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |
| <input type="checkbox"/> S'mores - (\$2 per person) | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |
| <input type="checkbox"/> Tea/Coffee Service - (\$75 per occurrence - enough for 50) | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |
| Eucharist - (no charge) <input type="checkbox"/> Bread <input type="checkbox"/> Wine <input type="checkbox"/> Kit | <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. | _____ |

FOOD ALLERGIES PLEASE CONTACT SHRINE MONT

SHRINE MONT WEEKEND MENU

Please Note: Menu may change according to season

*Gluten Free options available

Tucker Dining Hall Served Family Style



Virginia House Dining Hall Served Buffet Style

Shrine Mont strives to accommodate our guests
with food restrictions.

Please feel free to bring your own food, and our staff will be
glad to prepare it for you.

FRIDAY

DINNER - 5:30 PM

Pork BBQ / Buns

Vegetarian Baked Beans

Coleslaw

Pasta Salad

Broccoli Salad

Corn Casserole

Chips

Apple Crunch

Unsweetened Ice Tea, Coffee

SATURDAY

BREAKFAST - 8:00 AM

Eggs

Bacon

Hash Browns

*Toast

Fruit

Yogurt and *Assorted Cold Cereal

Orange Juice, Milk, Coffee

LUNCH - 12:30 PM

*Meatloaf

*Mac and Cheese

Zucchini and Tomatoes

Salad

*Bread

*Homemade Pecan Pie

Unsweetened Ice Tea, Coffee

DINNER - 5:30 PM

Roast Beef

Mashed Potatoes and Gravy

Salad

Green Beans

Homemade Yeast Rolls

Fruit and *Cookies

Unsweetened Ice Tea, Coffee

SUNDAY

BREAKFAST - 8:00 AM

*Pancakes

Oatmeal

Local Sausage

Baked Apples

Yogurt and *Assorted Cold Cereal

Orange Juice, Milk, Coffee

LUNCH - 12:30 PM

*Southern Fried Chicken

Rice and *Gravy

Lima Beans

Coleslaw

Biscuits

Ice Cream and *Cake

Unsweetened Ice Tea, Coffee