

Mount Olivet Conference & Retreat Center • Ruth Cornell House • Dorm Assignments

Group Name															
Leader											10 Day Confirmed Attendance				
Arrive (Day/Date/Time)					Depart										
Dormitory Rooms				# Linen Packs											
Meeting Room Set Up Requests															
Equipment Requests															
Special Diet Requests															
Chapel Reservations															
Pool Reservations															
PLEASE CALL FOR SPECIFIC ROOMS ASSIGNED TO YOUR GROUP															
			Pool Key #			Out <input type="checkbox"/>	In <input type="checkbox"/>			Chapel Key #			Out <input type="checkbox"/>	In <input type="checkbox"/>	

	201				205				204				208			
	Youth Ages		Out	In	Youth Ages		Out	In	Youth Ages		Out	In	Youth Ages		Out	In
1																
2																
3																
4																
5																
6																
7																
8																
9																

Day Attendees: _____

Names and Youth Ages _____