

# Camp Akita Retreat Center

## Interest Form



Name of Group: \_\_\_\_\_ Approximate # in group \_\_\_\_\_

### Contact information:

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Town or City State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I would like to reserve the following date(s) \_\_\_\_\_  
Only one request per event

Are you a member of the Illinois Conference of Seventh-day Adventists? Yes No

Do you have group insurance? Yes No

\*SDA groups approved by their church board are insured. Please submit an approval letter signed by the Pastor or Church Board Chairman.

\*All other groups should contact their insurance carrier and have Camp Akita listed as a Certificate Holder (\$3M Liability coverage minimum). Be sure the activities you are requesting are covered under your policy for your protection.

### Directions:

**Step 1:** Send or submit this Interest Form to [Reservations@CAMP AKITA.COM](mailto:Reservations@CAMP AKITA.COM)

**Step 2:** Wait for confirmation (Please allow up to 7 days, we will book in order of receipt.)

**Step 3:** If date is accepted you will receive a leader's packet via e-mail, if provided, otherwise it will be sent to you via postal mail. If rejected, you will receive a phone call to arrange for an alternate date if possible.

**Step 4:** Read all pertinent information when you receive the Leader's Packet.

**Step 5:** Fill out the application

**Step 6:** Submit your deposit with your application within 10 days from posted mailing date to lock and confirm your event date

**Step 7:** If Camp is providing meals please download and submit your "Meal Guarantee Form" at least 15 days prior to your scheduled event.

We are so thankful that you have considered Camp Akita as a place to host your group. We look forward to meeting and serving you. Please feel free to call 978-815-3377 should you have any questions or need assistance.

