

Name of Your Group: \_\_\_\_\_

Approximate Number Attending \_\_\_\_\_ Will You Use The Chapel? \_\_\_\_\_

Name and Phone Number of Contact Person \_\_\_\_\_

Reservation Dates \_\_\_\_\_

Arrival Time (Time Gate Needs To Be Unlocked): \_\_\_\_\_ Departure Time \_\_\_\_\_

Please send this form and your retainer fee by return mail to:  
JOYCE CONRADY, 1673 840th Avenue, Lincoln, IL 62656