



## Individual/Family Retreat Request

### Buffalo Ridge Hospitality & Retreat Center



Please contact our office for available retreat dates before submitting a retreat request form. Please fill out the following and return to the address on the back. This will help us understand your expectations and know how we can best serve you. Filling out this form does not guarantee a reservation until confirmed by our office.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

Church/Mission Affiliation: \_\_\_\_\_

How did you hear about Buffalo Ridge? \_\_\_\_\_

### Retreat Information:

Date(s) of retreat: \_\_\_\_\_ to \_\_\_\_\_

Approx. Arrival Time: \_\_\_\_\_ Approx. Departure Time: \_\_\_\_\_

How many vehicles will you be bringing? \_\_\_\_\_

Please let us know how many guests need overnight facilities:

\_\_\_\_\_ Women • \_\_\_\_\_ Men • \_\_\_\_\_ Couple(s) • Family with \_\_\_\_\_ children → ( \_\_\_\_\_ girls \_\_\_\_\_ boys)

Age of children: \_\_\_\_\_

Meals	Counseling
<p>We provide groceries for you to prepare your own breakfast and lunch according to your schedule. Evening meals may be shared with the Buffalo Ridge staff.</p>	<p>We have qualified counseling staff. Would you like to set aside any time for personal discussion or counseling?</p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A         </p>

Are there any medical conditions or special diets we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us a little about yourself. What are your expectations for this retreat?

