Office Phone (912) 772-3368

SAVANNAH BAPTIST ASSEMBLY

Director, Tommy Duke Cell (912) 667-7127

930 Honey Ridge Rd Guyton, GA 31312

_	RESERVATION FORM - ASSOCIATION GROUPS (Day Use)						
G	Please complete all information, sign, and return this form & deposit to the Assembly ASAP to secure reservation.						
R O							
U P	Church/Group:						
	Group Leader:					1 st Date Request:	
I N F O	Event:					2 nd Date Request:	
	Address:					Best Phone:	
	City, State, Zip:					Cell Phone:	
	Email:						
	Arrival Date:		Time:		Departure Date:		Time:

G U E S	Number of Day G Minimum of 20	uests (\$2/person per day plus building rate): O required	
		BUILDINGS & FACILITIES	Check Buildings/Spaces Requested:
T	Tabernacle	\$50 first day/\$35 each subsequent day	
S	Pool (seasonal)	\$3 per person/minimum of \$60 per day	
-	Big House	\$45	
B	Lodge	\$25	
ī	Cabin 1	\$10	
L	Cabin 2	\$10	
D	Cabin 3	\$10	
N	Cabin 4	\$10	
G	Cabin 5	\$10	
S	DEPOSIT:	One Day's Rate:	

	DEPOSIT ENCLOSED \$				
C O M P	(Make check payable to "SAVANNAH BAPTIST ASSOCIATION")				
	Instructions/Notes:				
	1) Mail deposit & signed form to Savannah Baptist Assembly (930 Honey Ridge Rd, Guyton, GA 31312)				
	NOTE: Your reservation is NOT confirmed until deposit is received.				
L	2) Reservation deposits are not refundable within 60 days of arrival date.				
E T E	3) Balance due is to be paid to Assembly Director prior to departure.				
	GROUP LEADER SIGNATURE*:	DATE:			
_	*Leader's signature attests that you have read all of <i>Welcome and Policies</i> document and agree to comply with rules				
	and policies of the Savannah Baptist Assembly. As leader, it is your responsibility to familiarize your staff with these policies. Your signature certifies that Child Protection Documents are on file and the Liability insurance is in effect.				

Day Use Form rev 06/17/2019

SAVANNAH BAPTIST ASSEMBLY

Director, Tommy Duke Cell (912) 667-7127

930 Honey Ridge Rd Guyton, GA 31312

	RESERVATION FORM - ASSOCIATION GROUPS (Overnight Use)						
G	Please complete all information, sign, and return this form & deposit to the Assembly ASAP to secure reservation.						
R	ricase complete an injormation, sign, and retarn this form a deposit to the rissembly risk in to secure reservation.						
O U	Church/Group:						
P	Group Leader:			1 st Date Request:			
•	Event:			2 nd Date Request:			
ı	Address:			Best Phone:			
N	City, State, Zip:			Cell Phone:			
F	Email:			Cell Phone.			
0	Arrival Date:	Time:	Departure D	nate:	Time:		
	Allivai Date.	Tillie.					
	# of Overnight Gu	ests (\$11/person per night - incl.	day usaga):				
G	Minimum of 20		uay usage).				
U		ests (\$2/person per day):					
S	Madicional Bay Ga	BUILDINGS & FACILITIES		Check Buildings	/Spaces Requested:		
Т	Tabernacle	\$50 first day/\$35 each subsec	nuent dav	eneck banangs	7 opaces requesteur		
S	Pool (seasonal)	\$3 per person/minimum of \$6	•				
-	Big House	(Sleeps 20-35)	oo po. day				
В	Lodge	(Sleeps 16)					
U	Cabin 1	(Sleeps 8)					
l	Cabin 2	(Sleeps 8)					
D L	Cabin 3	(Sleeps 8)					
ı	Cabin 4	(Sleeps 8)					
N	Cabin 5	(Sleeps 16)					
G	DEPOSIT:	June/July/August reservations:	\$500	•			
S		Other months:	\$220				
С	TENT CAMPING (\$	64/person per night):					
Α	No Deposit	Required					
M	м						
	RV CAMPING (\$20)/vehicle per night - includes up to	2 people):				
N	Additional R	V Guests (\$6/person per night):					
G	No Deposit	Required					
	DEPOSIT ENCLOSED \$						
	(Make check payable to "SAVANNAH BAPTIST ASSOCIATION")						
С	Instructions/Notes:						
М	1) Mail deposit & signed form to Savannah Baptist Assembly (930 Honey Ridge Rd, Guyton, GA 31312)						
Р	NOTE: Your reservation is NOT confirmed until deposit is received.						
L	2) Reservation deposits are not refundable within 60 days of arrival date.						
Ε	3) Balance due is to be paid to Assembly Director prior to departure.						
T	GROUP LEADER SIGNATURE*: DATE:						
E	*Leader's signature attests that you have read all of Welcome and Policies document and agree to comply with rules and policies of the Savannah Baptist Assembly. As leader, it is your responsibility to familiarize your staff with these						
policies. Your signature certifies that Child Protection Documents are on file and the Liability insurance is in e							