



Guest Group Interest Form

www.monroecamp.org

GROUP INFORMATION

Group Name: _____

Your Location: _____
Address City State Zip

Group Leader Name: _____

Group Leader Phone: _____ E-Mail: _____

Approximate number in your group: _____ Age range of your group: _____

Date(s) for the event: _____

EVENT INFORMATION

I'm interested in:

Overnight Accommodations? YES NO (circle one)

Food Service provided by MCRC? YES NO (circle one)

Meeting spaces? YES NO (circle one) Multiple spaces? If so, how many? _____

Amenities: Check any of MCRC's Amenities you are considering:

Canoeing Swimming Low Ropes High Ropes Horseback Riding Fishing Group Games

Picnics Camp-Out Team-Building Outdoor Amphitheater Other _____

Briefly describe your group and what you are hoping to accomplish at MCRC: _____

*Add additional sheets if needed

MAIL, E-MAIL, OR FAX THIS FORM TO MONROE CAMP AND RETREAT CENTER AND A STAFF MEMBER WILL CONTACT YOU WITHIN TWO BUSINESS DAYS OF RECEIPT.

MCRC MAILING ADDRESS: 24501 Camp Rd. Laurel Hill, NC 28351

E-MAIL: info@monroecamp.org FAX: 910-276-0422 QUESTIONS???...Call us at (910) 276-1654