## Chicken Creek Hen House Retreat Reservation Form Mail reservation form and payments:

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	(C)				
Email:					
Organization/G	roup Name				
	oothee:			Time:	
Meals: (please	•				
0	_Catered @ \$10.0	•			
	How many?				
	Which Meals?	Breakfa	st/L	unch/Dinn	er/Brunch
	<ul> <li>Which Date/Da</li> </ul>	ys?			
	Special diets:	Vegetar	ian,	Low Salt,	Diabetic,
	Allergies, etc.				
Date	Mon.	Bkf	_L_	D	Brunch_
Date	Tues	Bkf	L_	D	Brunch_
Date	Wed	_Bkf	_L_	D	Brunch_
Date	Thurs	Bkf	_L_	D	Brunch_
Date	Fri.	Bkf	_L_	D	Brunch_
Date	Sat.	Bkf	_L_	D	Brunch_
Date	Sun.	Bkf	_L_	D	Brunch_
Bring Yo	ur Own (fully equip	ped kitc	hen '	for your (	ıse)
RATES:				·	-
■ 1 night				\$5	0.00/perso
_					•
■ 1 night				\$85.0	•

OVERNIGHT GUEST

BEDS: (6) Full, (1) \( \frac{3}{4} \) size, (5) Twin (3 beds per bedroom) 2 outside rooms could add 2 more sleeping areas

Name

Address

Address

Name	Address	phone	email	
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	(\$15.00 per person	•	<del> </del>	
Name	address	phone	email	
1				

*Please let me know if there are any special needs for any the guests, ie handicapped, special diets,etc.  Massages are available. I prefer to know prior to retreat.  MASSAGE:  NAME:  1/2 HR/FULL HR	<ul> <li>*Please let me know if there are any special needs for any the guests, ie handicapped, special diets,etc.</li> <li>Massages are available. I prefer to know prior to retreat.</li> <li>MASSAGE:</li> </ul>	<ul> <li>*Reservations will be secured days prior to arrival date.</li> <li>*Checks payable to: Hen House *Cancellations of reservations are eligible for a FULL refundays of the retreat, the mone another person can take your</li> </ul>	e Retreat before 30 days of the retre d of any money paid. With in y paid is not refundable but place.
MASSAGE:	MASSAGE:	the guests, ie handicapped, s	re any special needs for any pecial diets,etc.
		MASSAGE:	·