



Civic Mission Groups Booking Request

(SGICR reserves the right to vet civic groups according to our bylaws, beliefs, mission and purpose)

Organization Name _____

Phone _____ Email _____

Address _____

Organization Website _____

Organization Statement of purpose and mission (Attach if not stated on organization website)

Any group affiliation _____

Retreat Dates _____

Group Size _____

I have read, understand and agree to SGICR Terms and conditions _____ (Yes/No)

Special Conditions (Special needs, Unique medical conditions, Request of early check-in or extended check-out)

* Upon arrival **ALL** participants must undergo an orientation before receiving keys *