



**TWIN  
PINES**  
CAMP, CONFERENCE  
& RETREAT CENTER  
www.twinpines.org

# *Group Reservation Form*

Please fill out the information below to reserve space for your group to attend Winter Thaw 2024.

**ORGANIZATION INFORMATION** (items in bold are required)

**Church Name** \_\_\_\_\_ **Church Address 1** \_\_\_\_\_

**Church Address 2** \_\_\_\_\_ **Church City/St/Zip** \_\_\_\_\_

**Has the Church been to Twin Pines Camp before? Y or N**

**CONTACT INFORMATION**

**Name** \_\_\_\_\_

**Street** \_\_\_\_\_

**City / St / Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**RETREAT RESERVATION** (Provide the following information to reserve spaces for your group)

**Which Winter Thaw will your group attend:**

\_\_\_\_\_ **WT-A: Jan 12-14** \_\_\_\_\_ **WT-B: Jan 26-28** \_\_\_\_\_ **WT-C: Feb 16-18** \_\_\_\_\_ **WT-D: Feb 23-25**

**Number of Spots to Reserve** \_\_\_\_\_

How do you wish to make the \$150 deposit for your group?

\_\_\_\_\_ **Check enclosed** \_\_\_\_\_ **Credit Card** Provide Information on the Back

Office Use: <p>_____ <b>Credit Card Charged</b> _____ <b>Amount of Check</b> _____ _____ <b>Data Entered</b></p>
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Credit Card Information

Card Type: VISA MasterCard Discover (no AmEx) Charge Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please postal mail this form to:

**Twin Pines Camp**

**3000 Twin Pines Camp Road**

**Stroudsburg, PA 18360**

