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.

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 29-31** ☐ **WT-B: Feb 14-16**

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:

_____ Credit Card Charged _____ Amount of Check _____ ____ Data Entered

Credit Card Information

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

