

Name of Your Group: _____

Approximate Number Attending _____ Will You Use The Chapel? _____

Name and Phone Number of Contact Person _____

Reservation Dates _____

Arrival Time (Time Gate Needs To Be Unlocked): _____ Departure Time _____

Please send this form and your retainer fee by return mail to:
JOYCE CONRADY, 903 E CHESTNUT, MASON CITY, IL 62664