



ADULT RESERVATION AGREEMENT
This form is due 14 days prior to your arrival

Group _____
 Coordinator/Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 FAX _____ E-Mail _____

GUARANTEED NUMBER OF PEOPLE _____

DAY USE ONLY: Date _____ Beginning Time _____ Ending Time _____

OVERNIGHT VISITORS: Arrival Date: _____ Time _____
 Departure Date: _____ Time _____

FOOD SERVICE: Please indicate the number of people for each meal or break

DATE	BREAKFAST			BEVERAGE SERVICE	SNACK	LUNCH 12:00		DINNER 5:30
XXX XXX	Select time 7, 7:30 or 8	Continental	Buffet	All day beverage service	Time?	Buffet	Sack	Buffet

Special Diet Requests (please specify) _____

Other Food Service Request _____

AV EQUIPMENT

Slide projector _____ Dates _____ Time _____ Building _____
 Slide screen _____ Dates _____ Time _____ Building _____
 TV/VCR _____ Dates _____ Time _____ Building _____
 Overhead Projector _____ Dates _____ Time _____ Building _____
 Other AV requests _____

OVERNIGHT LODGING

Cabin	# rooms	(#beds)	Separate male/ female bathrooms	#Males	#Females	#Children
Lodgepole	5	(17)	No			
Ponderosa	4	(9)	No			
Cottonwood	2	(7)	No			
Aspen	2	(18)	No			
Bender Center	6	(30)	Yes			
Tent camping						
RV – No Hook-ups						

SPECIAL LODGING REQUESTS _____

MEETING FACILITIES

Please contact Birch Creek Center for arranging the best room (s) to serve your needs

Facility Capacity	Date	# of 8 person Tables	# of chairs	AV Equipment	Other
Bender Center Dinning Hall (60)					
Bender Center Spuhler Conf. Rm. (40)					
Emerick Craft Building (20)					
Emerick Art Building (20)					
Block Hall (80)					

SPECIAL MEETING ROOM REQUESTS _____

SPECIAL PROGRAMS at the Birch Creek Center:

Low Ropes-Teams Course

Would your group like to participate in the Low Ropes-Teams Course? **Yes**____ **No**____

Signature of Authorized Group Representative

Date

Birch Creek Center
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