



GUEST GROUP APPLICATION

PO Box 68,
Seven Sisters, MB R0E 1Y0
204-348-2551

www.campnutimik.com

bookings@campnutimik.com

Group Name: _____

Group Type: _____ (please indicate)

Purpose: Retreat:

Out-door education:

Other: _____

Estimated size of the group: _____

Adults (ages 11+) _____ Ages (0-3) _____ Ages (4-10) _____

Which facilities are you interested in using?

House on the Rock
(sleeps approx. 46 max)

Cabins
(sleeps approx. 92 max)

Will you be requiring Food Services for your group? Yes No
(Please refer to the Accommodations & Food Services Rental Rates for fee structure)

Date(s): From: _____ To: _____

Arrival Time: _____ Departure Time: _____

Contact Person: _____

Address: _____

E-mail Address: _____

Phone Number: (H) _____ (C) _____

*if the above named contact person will not be the "on-site" person responsible for the group during the rental check here (), and provide the name of your "on-site" person and his/her contact information.

On-site Person (if other than contact person): _____

Address: _____ E-mail address: _____

Phone Nr (H) _____ (C) _____

What are your goals for your camp or retreat experience? _____

Are you interested in:

Using the Chapel Camp Programming options

Skating Rink Tube Slide Cross Country Skiing

Have you been a previous guest at Camp Nutimik? Yes No

If yes, please indicate when you stayed at Camp Nutimik: _____

If no, please indicate what brought you to consider Camp Nutimik for your guest group?
