

White Oak Conference Center
Preliminary Planning Sheet

- SCBC Church
- Non SCBC Church
- Other Denomination
- Not for Profit
- SCBC Convention
- Other Baptist

Conference Name _____ Group Code: _____

Group/Office/Team Name: _____

Conference Type: Conference Concert Family Reunion Retreat Other _____

Primary Contact: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Early Arrivals: Number arriving early: _____ Time of early arrivals: _____

Registration

Total Number of Attendees Guaranteed: _____ Registration Cost Per Person: _____

Overnight Day Banquet Pool McCall Picnic Shelter Ropes Course

Number of Adults: _____ Children 4-8: _____ Infants to 3: _____

Lodging

All room rates are per person per night

	Cost Per Person Per Night		Number of People		Number of Nights		Total Costs
Motel							
Single	\$	x		x		=	
Double							
Triple							
Quad							
Add Fifth							
Group House							
					Total Lodging		

Food Service

Meal rates are per person

First Meal: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner			Last Meal: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		
Total Number of Meals		x	Meal Cost: \$	=	\$
<input type="checkbox"/> Banquet (attached Banquet Worksheet):				=	\$
<input type="checkbox"/> Breaks (attached Break Worksheet):				=	\$
Total Cost per Person:					\$

Other Information

Invitation only event: Yes No

Participants to register directly with White Oak: Yes No

Group/Office will provide housing list and commuters list: Yes No

Hub Café

Times Open: _____

Group/Office will pay. Items Group/Office will pay for: _____
 Amount spent not to exceed: \$ _____ per person.

WOCC Tokens Group/Office will prepare vouchers Individuals will pay

Conference Space

Conference Space is allocated by group size. Please see attached Allocation Guide to determine available classrooms your group may reserve at no cost. The Allocation Guide is not applicable to day conferences.

Space Needed	Number of Rooms	Number of People	Time Needed (from-to)
<input type="checkbox"/> Single Classroom			
<input type="checkbox"/> Double Classroom			
<input type="checkbox"/> Registration Desk/Classroom Building			
<input type="checkbox"/> Lecture Hall			
<input type="checkbox"/> Beacham Auditorium			
<input type="checkbox"/> Hub Theater			
<input type="checkbox"/> Hub Conference Room			
<input type="checkbox"/> Fireside Patio			
<input type="checkbox"/> Fellowship Lane			
<input type="checkbox"/> McCall Picnic Shelter			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Lake			
<input type="checkbox"/> Odyssey Challenge Course			
<input type="checkbox"/> Pavilion			
<input type="checkbox"/> Program Office			

Notes: _____

Program Fees

SCBC: \$ _____ Cut-off date for early registration: _____

Late Fee SCBC: \$ _____ Late Fee Non SCBC: \$ _____

SCBC Program Fee Account Number: _____

Additional Requests

Any fees for additional requests will be reflected on final bill.

Deposit Information

Please refer to "Commitment to Pay" Section

Number of Attendees Guaranteed:

Deposit Amount Per Person:	\$	Total Deposit:	\$
TOTAL DEPOSIT DUE:	\$	DEPOSIT DUE DATE:	

To be refunded the full amount of the per person deposit, WOCC must be notified by:

To be refunded half the amount of the per person deposit, WOCC must be notified by:

NO DEPOSIT REFUND WILL BE AVAILABLE AFTER:

Signatures

Group/Office Director: _____ Date: _____

Contact Person: _____ Date: _____

Date Received: _____ Initials: _____

NOTE: Please return this form within two weeks of receipt. Your space at White Oak cannot be held until this form is received. When this form is received, a Booking Agreement will be prepared, signed by the director at White Oak, and returned to you. Additional forms are located at N:Public/Shared/Communications Team Office/Planning Sheet.