



CSM • Group Reservation Form

PO Box 900 • Dana Point CA 92629-0900

Ph 949.248.8200 • Fax 949.248.7753 • Email csm@csm.org

GROUP INFORMATION:

Name of Group: _____

Contact Person: _____

Address (church__home__): _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax Number: _____ Email Address: _____

Group Type/Number of People in Group: (minimum group size is 7, minimum age is 12 yrs)

Junior High _____	Senior High _____	College/Adults _____
Male _____	Female _____	Total People _____

TRIP INFORMATION:

Dates You Are Requesting: (in priority order)

1. _____
2. _____
3. _____

City You Want to Serve In: (check one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Washington DC |
| <input type="checkbox"/> Houston | <input type="checkbox"/> Los Angeles |
| <input type="checkbox"/> Nashville | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Fran/Oakland |
| <input type="checkbox"/> Toronto | |

Time In: 5:00 PM Time Out: _____

Comments: _____

We have previously served with CSM on _____ at the _____ Project.

Please Note: A pre-visit is required unless you have previously served at the project you are now registering for. Please see our website or call if you have any questions about this requirement.

Is this trip fulfilling a requirement of any kind (i.e.: Confirmation Class or Service Project)?

Yes No If yes, type of requirement: _____

My students are gifted to serve in: (please check interests below, add specific notes on separate sheet)

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Shelter Ministry | <input type="checkbox"/> Puppets, etc. |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Elderly Ministry | <input type="checkbox"/> Clowning |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Bible Clubs/VBS | <input type="checkbox"/> Mime |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Recreation Ministry | <input type="checkbox"/> Drama |

Physical Ministry (i.e.: painting, construction, etc.), what expertise do you bring with you, if any? _____

Please send me a Promo DVD _____ with my confirmation packet.

CSM will be ultimately responsible for scheduling your group's activities. CSM's ability to schedule ministry sites is dependent on availability. We regret that we cannot guarantee any specific ministry site(s) during your visit.

--Continued on other side

PAYMENT/CONTRACT INFORMATION:

CSM provides housing, meals and a City Host. Each group is responsible for providing their own transportation and one adult for every five students.

The cost is \$61 per person per night. (College groups: \$51 per person/night)

A deposit must accompany this reservation form. The deposit should equal \$61.00 X the Total People count listed on the front of this form if your trip is four days or longer. If your trip is one to three days, the deposit is \$20.00 per person.

Check enclosed (must be mailed with registration form)

Deposit Amount Enclosed: _____ \$61 (or \$20) X Total People

Please charge my credit card (registration form may be faxed to 949-248-7753)

Type of credit card (please choose one): MasterCard Visa

Name (exactly as it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Security Code (call if you have a question): _____ Expiration date: _____

Some helpful information: The minimum group size is 7. The maximum single group size is between 10 and 17, depending on the CSM site. Therefore, if you sign up for more than one maximum group size we will have to split your group up, reserve another ministry program, and turn other groups away. In this event, we will require a guaranteed minimum that you agree to pay for. This will be communicated to you in writing. We also cannot guarantee that you will be able to increase your group size above the total count on the front of this form.

PLEASE NOTE: The deposit is non-refundable.

The deposit guarantees the dates you have requested on the CSM calendar, if available.

The **PAYMENT SCHEDULE** for your group's fees is as follows:

50% of the total balance is due in our office 12 weeks (three months) prior to your group's arrival.

This payment is non-refundable.

The final balance is due two weeks prior to your arrival, along with your final count for the total participants in your group. **PLEASE NOTE:** Two weeks prior to your group's arrival is the final date that you may decrease your number without being financially responsible for the last number we have for you.

CSM will make every effort to give you your first choice of dates for your mission trip. In the event that those dates are already full, we will contact you before we process your reservation form to be sure your second choice of dates will still work with your calendar. Once we have processed your reservation form, your deposit is not refundable.

In the unfortunate event that your group would need to cancel its trip, your first payment is not refundable or transferable. The reason for this policy is three-fold: based upon the number of groups for which we have received reservations, we make commitments to ministry sites in the city, staff hiring commitments, and budget projections. Therefore, you can imagine how we are negatively impacted when a group cancels.

Two signatures must accompany this form. The Group Leader along with either the Senior Pastor or Treasurer/Business Administrator must sign this form and agree to the above terms.

Please keep a copy of this form for your records.

Signature of

Group Leader: _____ Date: _____

Signature of Senior Pastor

Or Business Administrator: _____ Date: _____

Please print name of Sr. Pastor/Business Admin: _____

CSM OFFICE USE ONLY: Dep Amt \$ _____ Date Rec'd _____ Conf Ltr _____
Pre-Visit _____ Other Correspondence _____ Uploaded _____