



The Legacy Retreat Center

RESERVATION REQUEST FORM

To assist with your reservation request for The Legacy Retreat Center, please complete and return the reservation form as soon as possible. Once an available calendar date is confirmed, a contract will be mailed to you. Upon receipt of the signed contract and deposit, your date will be reserved on the calendar.

Church or Group _____

Group Leader _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone _____

Cell Phone _____

Approximate Number Attending _____

Nature of the Event _____

Number of meals your group will be eating _____

• **1st Date Requested** _____

Arrival Date _____ Time _____ Departure Date _____ Time _____

• **2nd Date Requested** _____

• **3rd Date Requested** _____

Special Requests/Comments: _____

Signature _____ **Date** _____

RETURN RESERVATION FORM TO:

**NORTH GEORGIA CHURCH OF GOD EXECUTIVE OFFICE
THE LEGACY RESERVATION OFFICE
962 PARKSIDE WALK LANE
LAWRENCEVILLE, GA 30043**

EMAIL: YCE@NGACOG.ORG

FAX: (770) 274-1165