



# Rental Request

## Initial Contact Information Sheet

Please complete this form and email to [jud@campcomo.com](mailto:jud@campcomo.com) or fax to 719-836-0461.

Date of First Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact information if different from above: \_\_\_\_\_

Name of group: \_\_\_\_\_

Size of group: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Youth: \_\_\_\_\_

Age range of group: \_\_\_\_\_

Coed?            yes    no

Purpose of retreat: \_\_\_\_\_

\_\_\_\_\_

DATES REQUESTED: \_\_\_\_\_

ALTERNATE DATES: \_\_\_\_\_

Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Buildings: \_\_\_\_\_

What Meals/Which Days: \_\_\_\_\_

Programming or Service Requests: \_\_\_\_\_

Other Notes: \_\_\_\_\_