



MASONIC CONFERENCE CENTER



DETAILED REQUEST FOR USE

Complete and send to Event Planning Dept at Masonic Village
At Least three weeks prior to the start date of your program

GROUP NAME: _____

PROGRAM TITLE _____

EARLIEST ARRIVAL: ____/____/____ TIME: _____

Should be the time your planning committee arrives on campus

LATEST DEPARTURE: ____/____/____ TIME: _____

GROUP REGISTRATION TIME: _____

CHECK-OUT TIME: _____

ESTIMATED TOTAL NUMBER OF PARTICIPANTS: _____

EXACT HOUSING COUNT DUE TEN (10) DAYS PRIOR TO ARRIVAL

IF YOUTH GROUP - ESTIMATED NUMBER OF ADULT LEADERS: _____

ESTIMATED NUMBER OF YOUTH ATTENDEES: _____

PROGRAM COORDINATOR _____

TELEPHONE # () _____ EMAIL: _____

GROUP EMERGENCY CONTACT when on campus: _____

TELEPHONE # () _____ Room Assigned: _____

DESCRIPTION OF ACTIVITIES _____

Please attach a tentative schedule of activities

FACILITIES REQUESTED: (CHECK APPROPRIATE AREAS)

MEMORIAL HALL:

- FIRST FLOOR DORM ROOMS** (11 Rooms / 40 Beds incl. 6 Top Bunks)
- SECOND FLOOR DORM ROOMS** (8 Rooms / 32 Beds incl. 12 Top Bunks)

- DINING ROOM** (24 Tables 8 Chairs per Table. Capacity 192)
 - Change to Head Table with Podium**
(Max.of 8 at Head Table. Room Capacity changes to 160)
 - Access to audio System** with CD / Tape / Radio Capabilities
 - Table linens requested** (state which meal needed)

- WILLIAMSON MULTIMEDIA CENTER** (Seating capacity of 100)

PROGRAM NEEDS

- | | |
|---|---|
| <input type="checkbox"/> Microphones | <input type="checkbox"/> Sound for laptop/computer |
| <input type="checkbox"/> Computer Access | <input type="checkbox"/> HDMI Access |
| <input type="checkbox"/> Internet Access | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> DVD / CD Player | |

PLEASE DESCRIBE HOW ROOM WILL BE USED: _____

- LOBBY** State what will be needed: _____

PROVIDE FLOOR PLANS IF ROOMS NEED CHANGED FROM NORMAL SETUP

- M-118** Boardroom Style Change to: _____
with pull down screen and portable projector
- M-117** Boardroom Style Change to: _____
with large television and HDMI connection / phone availability
- M-116** Classroom Style Change to: _____
with pull down screen and portable projector
- M-115** Classroom Style Change to: _____
with pull down screen and portable projector
- M-114** Classroom Style Change to: _____
with pull down screen and portable projector
- M-113** Classroom Style Change to: _____
with large television and HDMI connection

If rooms need divider walls opened or closed, please state this request otherwise walls will remained closed between rooms

- FUNCTION ROOM** (Select Style and Amount)

(state number of attendees per setup needed)

- | | |
|--|--|
| <input type="checkbox"/> Lodge for _____ | <input type="checkbox"/> Classroom for _____ |
| <input type="checkbox"/> Theater for _____ | <input type="checkbox"/> Other _____ |

Provide floor plan

Program Needs

- | | |
|---|---|
| <input type="checkbox"/> Projector | <input type="checkbox"/> Computer Hookup |
| <input type="checkbox"/> Microphones
Wired / Wireless | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> DVD | <input type="checkbox"/> HDMI Access |
| <input type="checkbox"/> Sound for laptop/computer | |
| <input type="checkbox"/> Other: _____ | |

GYMNASIUM

- INDOOR VOLLEYBALL COURT
- BASKETBALL COURT
- ACCESS TO SCOREBOARD
- OTHER : _____

POOL (LIST DAYS AND START/END TIMES)

Lifeguards must be reserved with the Event Planning office one month prior to the requested pool times and must end by 10:30 PM.

(ALL TIMES MUST BE APPROVED, DUE TO OTHER SCHEDULED PROGRAMS)

ATHLETIC FIELDS:

- SOFTBALL
- VOLLEYBALL
- PICKLEBALL/INDOORS
- OUTDOOR BASKETBALL
- OTHER : _____
- FOOTBALL
- TENNIS COURTS
- PICKLEBALL/OUTDOORS

Provide description of other request

RANKEN HALL

- FIRST FLOOR DORM ROOMS** (5 Rooms / 15 Beds incl. 1 Top Bunk)
- SECOND FLOOR DORM ROOMS** (8 Rooms / 21 Beds incl. 2 Top Bunks)
- THIRD FLOOR DORM ROOMS** (8 Rooms / 18 Beds incl. No Bunks)
- PROGRAM ROOM IN BASEMENT** (Mounted TV, 1 table, pool table)

PATTON HALL

- SECOND FLOOR DORM ROOMS** (4 Rooms / 10 Beds No Bunks)
- THIRD FLOOR DORM ROOMS** (5 Rooms / 10 Beds incl. 2 Top Bunks)
- WITTE BOARD ROOM**

CARPENTER CHAPEL (Holds Approx. 200)

SANCTUARY

WORSHIP SERVICE	YES / NO
DATE/TIME _____	

SUNDAY, 7:45AM IS THE ONLY DAY AND TIME WE CAN PROVIDE A PASTOR AND A MUSICIAN
FOR ALTERNATE PROGRAMS, YOU MAY HAVE TO PROVIDE YOUR OWN LEADERS AND MUSICIANS

- BASEMENT - OPEN AREA WITH PIANO AND 30 CHAIRS**
- OTHER :** _____

SPECIAL MATERIALS OR EQUIPMENT:

(PLEASE EXPLAIN NEED AND LOCATION)

<u>ITEM</u>	<u>LOCATED</u>	<u>REQUESTED</u>
Pinnies - Mixed Colors	Mesh Bag	<input type="checkbox"/>
Hula Hoops - 50+	Laundry Bin	<input type="checkbox"/>
Various Balls: Volleyball, Dodgeball & Basketball	Laundry Bin	<input type="checkbox"/>
Various Balls: Volleyball, Dodgeball & Basketball	Ball Cart	<input type="checkbox"/>
Wooden Blocks With Words (2)	Plastic Milk Boxes	<input type="checkbox"/>
Miscellaneous Wooden Initiatives	Bag	<input type="checkbox"/>
Spikeball Set	Cabinet 1 Upper	<input type="checkbox"/>
Ladder Golf Balls	Cabinet 1 Upper	<input type="checkbox"/>
Bean Bags	Cabinet 1 Upper	<input type="checkbox"/>
Whiffle Balls & Bats	Cabinet 1 Upper	<input type="checkbox"/>
Pickleball & Paddles (4)	Cabinet 1 Upper	<input type="checkbox"/>
Small Orange Cones	Cabinet 1 Upper	<input type="checkbox"/>
Ring Toss	Cabinet 1 Upper	<input type="checkbox"/>
Red Go Sports (2)	Cabinet 1 Lower	<input type="checkbox"/>
NIB Pickleball Set	Cabinet 1 Lower	<input type="checkbox"/>
Wooden Dominos	Cabinet 2 Upper	<input type="checkbox"/>
Tin Can Alley Game	Cabinet 2 Upper	<input type="checkbox"/>
Large Dice	Cabinet 2 Upper	<input type="checkbox"/>
Card Games	Cabinet 2 Upper	<input type="checkbox"/>
Sphero	Cabinet 2 Upper	<input type="checkbox"/>
Giantville Wooden Blocks	Cabinet 2 Upper	<input type="checkbox"/>
Mesh Bag of Numbered Balls	Cabinet 2 Upper	<input type="checkbox"/>
2 Croquet Sets	Cabinet 2 Lower	<input type="checkbox"/>
6 Baskets	Cabinet 1 Lower	<input type="checkbox"/>
Wooden Flipkit Game	Cabinet 3 Upper	<input type="checkbox"/>
6 Tennis Rackets	Cabinet 3 Upper	<input type="checkbox"/>
Ping Pong Paddles/Sets	Cabinet 3 Upper	<input type="checkbox"/>
3 in 1 Bean Bags	Cabinet 3 Upper	<input type="checkbox"/>
Table Top Shuffleboard	Cabinet 3 Upper	<input type="checkbox"/>
Mesh Bag of Plastic Balls	Cabinet 3 Upper	<input type="checkbox"/>
Mesh Bag of Tennis Balls	Cabinet 3 Upper	<input type="checkbox"/>
Mesh Bag of 6 New Playground Balls	Cabinet 3 Upper	<input type="checkbox"/>
Assortment of Nylon Cords	Cabinet 3 Upper	<input type="checkbox"/>
Large Box of Soccer Shin Guards	Cabinet 3 Upper	<input type="checkbox"/>
Horseshoes	Cabinet 3 Lower	<input type="checkbox"/>

<u>ITEM</u>	<u>LOCATED</u>	<u>REQUESTED</u>
Frisbees (50+)	Cabinet 3 Lower	<input type="checkbox"/>
Box of Scooters	Cabinet 3 Lower	<input type="checkbox"/>
Black Waterhose	Rear Cabinet 1 Lower	<input type="checkbox"/>
Red Solo Cups	Rear Cabinet 2 Upper	<input type="checkbox"/>
Go Sport Golf Set (2)	Rear Cabinet 2 Upper	<input type="checkbox"/>
Ladder Toss	Rear Cabinet 2 Upper	<input type="checkbox"/>
Tossing Disc	Rear Cabinet 2 Upper	<input type="checkbox"/>
Flyswatters	Rear Cabinet 2 Upper	<input type="checkbox"/>
Ropes	Rear Cabinet 2 Upper	<input type="checkbox"/>
Tablegame	Rear Cabinet 2 Upper	<input type="checkbox"/>
Go Sports Washer Toss	Rear Cabinet 2 Upper	<input type="checkbox"/>
Tan Table Cloths	Rear Cabinet 2 Lower	<input type="checkbox"/>
PVC Goal (2)		<input type="checkbox"/>
Kan Jam Set		<input type="checkbox"/>
Cornhole Set		<input type="checkbox"/>
Slammo Nets		<input type="checkbox"/>
Flag Football Flags	Laundry Bin	<input type="checkbox"/>
Yoga Balls (2)		<input type="checkbox"/>
Home Depot 5 Gallon Bucket w/ Cord		<input type="checkbox"/>
Softball Equipment: Bats/Balls/Bases		<input type="checkbox"/>

MENU SELECTIONS FOR THE MASONIC CONFERENCE CENTER ELIZABETHTOWN, PA

PROGRAM NAME: _____ _____
GROUP: _____ _____

Day _____	Snack Guests _____
Date _____	Time _____
	A _____

	Breakfast Guests _____	Lunch Guests _____	Dinner Guests _____	Snack Guests _____
Day _____	Time _____	Time _____	Time _____	Time _____
Date _____	A _____	A _____	A _____	A _____
	B _____	B _____	B _____	
	C _____	C _____	C _____	
	D _____	D _____	D _____	
		E _____	E _____	

Day _____	Breakfast Guests _____
Date _____	Time _____
	A _____
	B _____
	C _____
	D _____

BILLING INFORMATION *(To be completed by MV)*

ORDER PLACED BY: _____

BILL TO: _____

TAX EXEMPT # _____

Note: When choosing a cold breakfast option – choose only categories C & D.

All special dietary issues should be reported with the final counts one week prior to the program so that proper arrangements can be made to provide appropriate selections.