

# Holston Center Reservation Form

Contact Person:					
Email:		Phone:			
Group Name:					
Address:					
City:		State/Zip			
Check-in Date:	(mm/dd/yyyy)	Check-out Date:	(mm/dd/yyyy)		
Requested Facility: (All weekday stays and all weekend (Fri. & Sat.) stays require a two-night minimum.)					
Facility	# of nights:		Rate (see Rate Sheet)		Total Cost
Guenther Lodge		X	\$ _____	=	\$ _____
Bell's Bungalow		X	\$ _____	=	\$ _____
Grigsby Dorm		X	\$ _____	=	\$ _____
Cottage #1		X	\$ _____	=	\$ _____
Cottage #2		X	\$ _____	=	\$ _____
Cottage #3		X	\$ _____	=	\$ _____
Cottage #4		X	\$ _____	=	\$ _____
Cottage #5		X	\$ _____	=	\$ _____
Holston Meadows Cabin		X	\$ _____	=	\$ _____
FACILITY RATE SUB-TOTAL:					\$ _____
MEALS SUB-TOTAL (from Meals Reservation Form on back):					\$ _____
LESS RESERVATION DEPOSIT DUE NOW (one-night facility rate):					-
TOTAL BALANCE DUE AT DEPARTURE:					\$ _____
<i>I/we have read and agree to the Holston Center Reservation Policy, Cancellation Policy and Meals Policy, and hereby authorize payments for both the RESERVATION DEPOSIT and the BALANCE DUE AT DEPARTURE using the payment method indicated.</i>					
Signature: _____ Date: _____					

## Holston Center Meals Reservation Form

# of Persons		# of Breakfasts per stay	Rate	# of Lunches per stay	Rate	# of Dinners per stay	Rate	Total
_____	Adults	_____	X \$7.00	_____	X \$8.00	_____	X \$10.00	\$ _____
_____	Children	_____	X \$3.50	_____	X \$4.00	_____	X \$5.00	\$ _____
_____	Infants	_____	FREE	_____	FREE	_____	FREE	\$ _____

*Other (for bag lunches, salad bar, special meals, catering to Holston Meadows - contact Holston Center office):*

\$ \_\_\_\_\_

**MEALS SUB-TOTAL** (enter on front page Meals Sub-Total):

\$ \_\_\_\_\_

**Reservation Policy** – all reservations must be confirmed with a reservation deposit of one-night's stay. All weekday stays and all weekend stays require a two-night minimum. \*All holiday stays are at the weekend nightly rate. **Check-in for all facilities is 4:00 pm and check-out is at 10:00 am except for Holston Meadows Cabin check-in 3:00 pm and check-out 11:00 am.**

**Cancellation Policy** – more than 60 days prior to reservation, full reservation deposit refund, less \$50 fee; cancellation 60-30 days prior to reservation, 50% reservation deposit refund; cancellation less than 30 days prior to reservation, no reservation deposit refund.

**Meals Policy** – All meals must be reserved at least 14 days prior to first night's stay. All reserved meals that are cancelled less than 7 days prior to first night's stay will be billed at full meal reservation rate. We request at least 12 persons for meals.

## Payment Information

By Check:	Bank Routing #:	_____	Bank Account #	_____
By Credit Card <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISC (check one)	Credit Card #:	_____		
	Exp. Date (mm/yy):	_____	CVS #:	_____
Name on Credit Card:	_____			
Full Billing Address:	_____			

Return via email to:  
**info@holstoncenter.org**

Holston Center • 6993 Hickory Nut Gap Road • P.O. Box 428 • Banner Elk, NC 28604  
(888) 465-7866 Toll-free / Fax

[www.holstoncenter.org](http://www.holstoncenter.org)