

**BONCLARKEN SUMMER CONFERENCE HOUSING REGISTRATION 2012**  
Use for Synod, Family Bible Conference, and Laity in Action

**Important Dates**

General Synod

**February 1, 2012** - Earliest date written (email, fax, and US mail) housing reservation requests can be postmarked for Synod. We process the reservations according to the postmark date.

**February 15, 2012** - Earliest date telephone housing reservation requests can be made for Synod.



Family Bible Conference

**February 1, 2012** - Earliest date written (email, fax, and US mail) housing reservation requests can be postmarked for FBC. We process the reservations according to the postmark date.

**February 15, 2012** - Earliest date telephone housing reservation requests can be made for FBC.



Laity in Action

**February 1, 2012** - Earliest date written (email, fax, and US mail) housing reservation requests can be postmarked for LIA. We process the reservations according to the postmark date.

**February 15, 2012** - Earliest date telephone housing reservation requests can be made for LIA.



A non-refundable deposit of 50% of the cost of all rooms is required for all reservations within two weeks of the date the reservation is made. Reservations will not be confirmed until the deposit is received.



*Send all written reservation requests to the attention of:*

*Sheri Clarke*

*Bonclarken Conference Center  
500 Pine Drive  
Flat Rock, NC 28731  
or*

*[sclarke@bonclarken.org](mailto:sclarke@bonclarken.org)  
or (F) 828-697-1735*

**Music Conference Housing**

*For Bonclarken housing during Music Conference, please see the information and forms in the 2012 Music Conference brochure. To obtain a brochure, please contact Norma Jean Huffstetler at 704-864-5877*

*or*

*[NJHUFF@aol.com](mailto:NJHUFF@aol.com)*

**LODGING REQUEST FORM**

(Please use a separate form for each room and each conference requested.)

Date \_\_\_\_\_

Conference Name \_\_\_\_\_

Person Making Request \_\_\_\_\_

Guest Name(s) \_\_\_\_\_

Name of Church/Agency \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Housing Needs – Place your housing preferences below:

1<sup>st</sup> Building Choice \_\_\_\_\_

2<sup>nd</sup> Building Choice \_\_\_\_\_

3<sup>rd</sup> Building Choice \_\_\_\_\_

Number of Adults \_\_\_\_ Youth 11-18 yrs. \_\_\_\_ Children 4-10 yrs. \_\_\_\_ Children 0-3 yrs. \_\_\_\_

Number of Beds Needed in Room One \_\_\_\_ Two \_\_\_\_

Special Requests (cot, handicapped accessible, etc.) \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

**(Please note that check-in time is 4:00pm and check-out time is 10:30am.)**

**DEPOSIT INFORMATION (REQUIRED)**

Check enclosed for deposit (50% of entire stay) in the amount of \$ \_\_\_\_\_

**OR**

Please use my \_\_\_\_ **Visa** \_\_\_\_ **Master Card** for deposit (50% of entire stay).

(Check one)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_, 20\_\_\_\_

*Signature of Cardholder*



*Bonclarken Conference Center*

*500 Pine Drive*

*Flat Rock, NC 28731*

*(tel) 828.692.2223*

*(fax) 828.697.1735*

*[www.bonclarken.org](http://www.bonclarken.org)*