

HEBRON CENTER
40 Presbytery Lane, Salem, NY 12865
Jerry McKinney, Director
(518) 854-3338

Church or Group _____

Type of Event _____

Number of Youth _____

Number of Adults _____

Total Number _____

Contact Person _____

Address _____

City, State Zip Code _____

Daytime Phone _____

Note: NEW YORK STATE LAW REQUIRES THAT "THERE SHALL BE AT LEAST ONE ADULT COUNSELOR TO EVERY EIGHT CHILDREN EIGHT YEARS OF AGE AND OVER."

Dates Requested: _____

Lodge/Grounds	Overnight Use		Additional days	One Day Use
	24hr.	48hr.		
Lamar Lodge	_____	_____	_____	_____
Maple Lodge	_____	_____	_____	_____
Bush Lodge	_____	_____	_____	_____
Dining Lodge	_____	_____	_____	_____
Grounds	_____	_____	_____	_____

Expected arrival time _____

Expected departure time _____

YOUR DEPOSIT OF _____ MUST BE RECEIVED BY _____
Make check out to: Albany Presbytery

We agree to comply with the rental terms and conditions and to make payment according to listed rates.

Contact Person Sign Here: _____ Date: _____

Return With Your Deposit To Registrar: Lynn Migliore
 Albany Presbytery
 601 Fifth Avenue
 Watervliet, NY 12189

The registrar will return a copy to you to confirm your deposit and reservation.

Deposit Received: _____ Signed: _____
 Date and Amount Lynn Migliore (518) 273-4991