



## Response Sheet

Name of Your Group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Number: \_\_\_\_\_

What type of program might you be interested in?

- \_\_\_\_\_ Daytime Program
- \_\_\_\_\_ Overnight Program
- \_\_\_\_\_ Extended Program (more than 1 night)

Please list your top three choices for dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Approximate Number in Group: \_\_\_\_\_ (Male \_\_\_\_\_ (Female \_\_\_\_\_))

**\*\*Please note:** Your reservation will be secured upon receipt of a 15% non-refundable deposit.

Please fill out this form and return

by email: [mav@heartvillage.org](mailto:mav@heartvillage.org)  
by fax: (863) 638-1127  
by post: h.e.a.r.t.  
attn: MAV Coordinator  
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