



LE MOULIN A NEF

Date of Application _____

Organization Name & Address _____

Contact Name _____

Phone _____ Email _____

Size of Group _____ # of Group Participants _____ # of Leaders _____

Brief Description of Group _____

Facility Requirements _____

Dates Preferred (1st & 2nd choices) _____

Transportation Needs _____

Other Needs & Requirements _____

French Fluency _____

Referral _____

- I will secure accommodations for our group.
- I prefer the VCCA to arrange accommodations for my group. (There is a fee for this service.)
- I enclose a deposit equal to 25 percent of the rental fee. Deposits will be refunded if cancellation is made prior to three months of rental date. Payment in full is required one month before departure.