

Highland Lakes Camp & Conference Center **Retreat Setup Checklist**

6	Nin Nama:		For HLC Use Only:
Group Name:			Data Received:
Event Date:			Date Received: By:
	All Equipment, Facilities, and Activities are available Notification will be given if equipmen Complete and send in this document at Equipment Needs — check any areas of need and n	t or ac least 3	tivity is unavailable. B weeks prior to event.
Auc	dio-Visual Equipment	Golf	Cart Reservations — check if needed
	70" TV # Music Stand Portable PA System, Speaking Only w/1 microphone Portable PA System, multi input Vocal/Instruments: # of microphones needed # of instrumental inputs (we do not provide instrument cables)	regul Prior	olf Carts are adult use only and are subject to HLCCC lations. • to operating, driver must sign a HLC Release of Liability 6 Seater Limo Golf Cart: \$50 per day 4 Seater Golf Cart: \$50 per day I plan to bring my own golf cart(s).
	8 max total inputs - mics/instrument inputs # Wireless Handheld Microphone; requires multi input PA # Portable Video Projector Technician Services		Required: Sketch Meeting Room Layout attach additional sheet if needed
Sta	ndard Equipment Dry Erase Board w/easel & supplies Podium Projector Screen Tables: Complimentary tables are limited to 10. Additional tables are \$5.00 per table# 8ft long# 6ft long# 5ft round (require table cloths)Other - specify style Wi-Fi Hotspot – Location:		
Cha 	hir Arrangement — Check One Chairs #Location: Chairs #Location: Location: Lecture style-Chairs in rows Choir Style-Semicircle Rows (50 chairs or less only) Classroom Style-Chairs behind one side of table Board Room Style-Tables together with chairs around Tables in a "U" with chairs around Other - indicate I prefer to set the equipment myself.		

Standard check in is 3:00pm; check out is 10:00am.

Anticipated Check-In Time______ Anticipated Departure Time ______

Mail/Email this setup list to HLC at least 3 weeks prior to event. 5902 Pace Bend Rd N || Spicewood TX 78669

512-264-1777 || www.hlccc.org



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Ind	creation & Activities icate Day, Time, and # of Participants Additional Fees Apply. See HLCCC reation <u>must</u> be scheduled at least three weeks in advance.	C Rate	es and Amenities for more information and pricing.	
Bas	offer the following free amenities - first come first serve: eball/Softball/Kickball field, Soccer Field, Sand Volleyball Court, Disc Golf ypong, Fishing - License required, catch and release, bring your own equi			
	Silent Disco: Day Time, # of participants	Hex	rapod Activities: HEXAPOD – Full Course with Zip Line:	
	DJ		Day, Time, # of participants	
Rar	ge Activities: All Activities should be scheduled between 9am - 4pm.		HEXAPOD - Elements Only:	
	Rifle Range: BB Guns		Day, Time, # of participants	
	Day, Time, # of participants:		HEXAPOD – Zip Line Only:	
	Archery	_	Day, Time, # of participants	
	Day, Time, # of participants:		ROCKWALL:	
	Axe Throwing		Day, Time, # of participants	
	Day, Time, # of participants:	Low	/ Challenge Course Activities:	
	Archer's Quest:		Day, Time, # of participants:	
	Day, Time, # of participants:	—	24),	
	Gellyball:		Campfire: 1 hour sessions; 8pm, 9pm, 9:30pm	
	Day, Time, # of participants:		Day, Time:	
Water Activities: Weather & Lake Levels permitting; May-September only. Reservation for exclusivity of swimming pool, swim pond, and boat activities is restricted to one 2 hour block of time per day.			Not available during County – Wide Burn Ban Skewers are available upon request; advanced notice required	
	Swim Pond – Inflatables, Slides, and Kayaks & Stand Up Paddle boards:	Ger	eral Store (latest closing time 10:45pm)	
	Day, Time, # of participants:		Indicate if you would like either open and when.	
	Ski Boat w/ Banana Sled:		General Store:	
	Day, Time, # of participants			
	Pool:			
	Day Time, # of participants			
8:0	al Times — List meal schedule and special needs below. D am, 12:00 pm, and 5:30 pm; meal time can be adjusted 30 minutes in e e and together. Dining Hall closes at 7pm.	ither	direction of standard time. All group members should arrive on	
Pre	ferred meal times:			
The	total number of guests in your group that will be attending each meal?_			
Foo	d allergy or dietary restriction? YES NO List their name and food allerg	y or	restriction; Attach additional sheet if necessary:	

Complimentary Water Station:	Bags of Ice: \$5.00
Day, Time, Location:	Day, Time, Location:
1 Gallon of Tea or Lemonade, includes Sweeteners: \$8.00 # of gallons & Type:	1 Gallon of Coffee, includes Creamers & Sweeteners: \$12.00 # of gallons:
Day, Time, Location:	Day, Time, Location: