

Equipment Request

Group Name: _____ **Date:** ____/____/____

Chapel: Date(s): ____/____/____ Hours Needed: From: _____ To: _____

Our Masses: Saturday 9:00 a.m. Sunday 9:00 a.m.

Equipment Needed:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Cassette Recorder | <input type="checkbox"/> White Board/Markers | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Television | <input type="checkbox"/> CD Player | <input type="checkbox"/> VCR |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Microphone | <input type="checkbox"/> DVD Player |

Meeting Room Arrangement:

- Theatre Seating
- Circle Seating
- With Tables:
 - No. of Tables _____
 - Chairs per table (max. 8) _____

Breaks:

We provide complete coffee and tea service.
If you wish, you may bring your own snacks and beverages.

Accommodations: All linens are provided.

Final room count is to be confirmed one week prior to the retreat date.

A guarantee of \$_____ is required to complete this contract.

You are responsible for any DAMAGES incurred during contracted time.

Meals: Breakfast: 8 a.m. Lunch: noon Dinner: 5:30 p.m. Sunday Brunch: 10 a.m.

No reduction in charges for cancellation, no-shows, or early departures can be made after ____/____/____. **We require final head count 1 week prior to the scheduled retreat date.**

Arrival and Departure:

Room Check-in Time: as arranged

Room Check-out Time: as arranged. All keys must be turned in to the Group Leader by the scheduled departure time to facilitate the preparation of the rooms for new arrivals.

Full Payment:

The Group Leader is to arrange for full payment of any balance due, upon arrival at the Retreat Center.