

Reservation Form

Name of Group/Organization: _____

Parish/Diocese: _____

Other: _____

Contact Person:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (B) () _____ Fax: () _____

(H): () _____ Mobile: () _____

Email: _____

Reserve These Days: WEEK-DAY(s) (circle) M T W R F TIME: From: _____ To: _____

WEEK-END: From: ____/____/____ To: ____/____/____

Date: Mo ____ Day ____ Year ____ How many are attending? _____

Sgl: _____ #Dbl: _____ Dir Room: (Yes) _____ (No) _____

Arrival (Time): _____ Departure (Time): _____

Meals:	(Yes) __ (No) __	# _____ (Breakfast)	# _____ (Lunch)	# _____ (Dinner)
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Financial Agreement:

Date Negotiated: ____/____/____

Amount Negotiated: _____ Deposit Amount: _____

Reservation taken by: _____

Comments: (include any special needs or special diets)
