

Mt Carmel Varroville

Retreat B ooking Form

Please complete the following in BLOCK LETTERS:

Name of Retreat:

Name:

Address:

Suburb:

Postcode:

Tel (Hm)

Wk:

Mobile:

Fax:

E-mail:

Signed:

Date:

Dates - from: ____/____/____

until: ____/____/____

I will arrive by: Train Car

in the: Morning Afternoon Night

& leave: Morning Afternoon Night

Please send me a map of how to get there.

Is linen required (extra \$10)? Yes No

I prefer a hermitage (if available)? Yes No

Is this a Private Retreat? Yes No

Climbing many stairs is difficult: Yes No

I would like a director? Yes No

Director: _____

If applicable: Preached Directed

OFFICE USE ONLY:

Deposit \$ ____ Date Rec'd: ____ Balance \$ ____