



Manor House Reservation Request

Organization Name: _____

Contact Person: _____

Street/City/State/Zip: _____

Telephone: _____ **Email:** _____ **Fax:** _____

Reservations made by phone must be confirmed within three weeks of the postmark of this mailing. Reservations are confirmed when the Retreat Center has received both this completed form signed, and a non-refundable, non-transferable deposit.

Manor House Reservation Deposits: Single-\$50.00, Group-\$200.00 to hold date.

GROUPS: **30% of Total Bill is due 90 days prior to retreat date.**
 Final headcount is due 2 weeks prior to retreat date.
 No-shows/cancellations after that date are billed for food.

Please indication which type retreat you require:			
Per Person Rates (by size of group):	1-25	26-40	41+
<u>Mid-Week (M-Th)</u>			
___ Self Directed Day (with lunch)	\$35	\$30	\$25
___ Self Directed Overnight (incl. Dinner, Breakfast, Lunch)	\$70	\$65	\$60
___ Guided Day (with lunch)	\$55	\$50	\$45
___ Guided Overnight (incl. Dinner, Breakfast, Lunch)	\$85	\$80	\$75
<u>Weekend (F-Su)</u>			
___ Self Directed Overnight (incl. Dinner, Breakfast, Lunch)	\$95	\$90	\$85
___ Self Directed Weekend (incl. 3 meals Sat., 2 Sun)	\$140	\$135	\$130
___ Guided Overnight (incl. Dinner, Breakfast, Lunch)	\$115	\$110	\$105
___ Guided Weekend (incl. 3 meals Sat., 2 Sun)	\$160	\$155	\$150

Dates you would like to use Retreat Center Facilities: Arrival Date and Time _____

Departure Date and Time _____

(Weekend check in times are 6PM or later on Friday, Sunday departure 2PM. Additional cost may apply for extended hours)

Total Number of People in Your Party: _____

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Meal Requirements

Meals at the Retreat Center are served at 8:00 Breakfast, 12:00 Lunch, and 5:00 Dinner.
Commuters: additional meals are \$8 breakfast; \$9.00 lunch; \$13 dinner.

Please indicate which meals your group will need:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							

Meals included in a weekend retreat are Sat. breakfast, lunch & dinner; Sun. breakfast, lunch.

Do any members of your group have dietary/preparation restrictions? We will make every effort to accommodate. Please describe _____

Conference Rooms Facilities

Accommodations:

- _____ Flip-chart/Easel
- _____ Stereo Boom Box
- _____ TV/VCR/DVD

Seating Arrangements:

- _____ Lecture Style
- _____ Breakout Rooms
- _____ Conference Style (rectangular tables in a U shape)

Other: _____

Liturgical needs for private groups:

Does your group require the services of a Sacred Hearts Priest?

- _____ Mass with a homily
- _____ Sacrament of Reconciliation
- _____ Lecture/Talk/Presentation _____ 1 Hour ___ 2 Hour (**Stipend TBD**)
- _____ Other

N.B. Priests from outside the Fall River Diocese need to have Testimony of Suitability from the Bishop of Fall River. (form available on request).

Any additional needs that we might be able to assist with? _____

A staff member will contact you 2 weeks before your event to confirm final arrangements and number of participants.

Please make check payable to "Congregation of the Sacred Hearts".

I have read the above reservation form which serves as my contract with the Sacred Hearts Retreat Center, and I agree to the terms indicated.

Signature Date