|  |  |  |
| --- | --- | --- |
| Name(s): | | Contact Number: |
| Address: | | |
| Email Address: | | |
| Date(s) of Event: | | No. Attending: |
| Arrival Time: you will be given a time to arrive | | Departure Time: |
| Meal Times:  Breakfast 8.30am  Lunch 1.00pm  Supper 6.00pm |  | |
| Any Dietary Requirements: | | |
| Will you have been fully vaccinated for Covid 19 by the time you come on retreat? (Optional)  YES \_Yes \_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Any Other Information: | | |



**Mount St. Anne’s Retreat & Conference Centre**

**Advent Retreat Booking Form**

**2nd – 5th December 2021**

*Kindly complete and return to: secretary@mountstannes.com or post to Mount St. Anne’s, Killenard, Portarlington, Co. Laois*

*Please retain a copy of the completed form for your own records*

*For office use only*

|  |  |  |  |
| --- | --- | --- | --- |
| *Invoice No.* | *DG* | *DS* | *DPR* |
|  |  | *Email/Post* |  |
|  |  |  |  |
| *Notes:* |  |  |  |

*Booking Completed*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Secretary*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CEO*