

# Application Form



Please send completed form to: [srmaria@sehsh.org](mailto:srmaria@sehsh.org)

Name:			
Organization:			
Address:			
Phone:		Email:	

**REQUESTED DATE(S)** \_\_\_\_\_

How did you hear about Bethany Retreat House? \_\_\_\_\_

Which Parish do you belong to? \_\_\_\_\_

Who is the Retreat or Meeting for?

- Individual Retreat
  - Couple Retreat
  - Weekend Retreat/Meeting
- How many in the group? \_\_\_\_\_

Is a Retreat Director needed?  Yes  No

Will your retreat or meeting require use of the conference room?  Yes  No

If YES, will you require use of the conference room's electronic devices? (Smart TV, Apple TV, Computer)  Yes  No

If this is a day retreat or meeting please indicate if you'd like meals during your stay (*overnight stays include meals*).

- Just refreshments & snacks
- All 3 meals (breakfast, lunch & dinner)
- 2 meals (your choice) \_\_\_\_\_
- Breakfast only
- Lunch only
- Dinner only

Special needs or dietary restrictions: \_\_\_\_\_