

RETREAT AT THE FARM

APPLICATION & DATE REQUEST FORM

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

PRIMARY CHOICE SECONDARY CHOICE
RETREAT DATE: _____ RETREAT DATE: _____

NUMBER OF DAYS NAME OF MOTEL
FOR THE RETREAT: _____ GROUP WILL BE AT: _____

APPROXIMATE WILL THERE *WILL YOU NEED USE
NUMBER OF PEOPLE: _____ BE A PRIEST: _____ OF THE CHURCH: _____

PURPOSE OR THEME
OF THE RETREAT: _____

SPECIAL REQUIREMENTS
IF ANY: _____

A deposit of \$50.00 is required to hold your requested retreat date. Please include your deposit with this application. Payment will be refunded if retreat dates can not be confirmed. Please make check payable to Our Loving Mother's Children (OLMC)

A suggested donation of \$150.00 for a one day retreat is requested. For each additional day, a suggested donation of \$100.00 is requested. The deposit will be applied to the first day of the retreat.

- * The Mother of God Catholic Church to open daily for visitation. If the facility is needed for Holy Mass or other use, permission must be requested in advance and confirmed.**

PLEASE MAIL THIS FORM WITH DEPOSIT TO:

OUR LOVING MOTHER'S CHILDREN
Retreat at the Farm
P. O. BOX 82000 † CONYERS, GA 30013