



226 Great Neck Road
Wareham, MA 02571

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Email: retreats@sscc.org

Website: <http://www.sscc.org/wareham>

Youth Center Reservation Request

Organization Name: _____

Contact Person: _____

Street: _____

City/State/Zip _____

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

Type of Program: _____

(Confirmation, Life Teen, ...)

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.

To Hold Date: Youth Center Reservations: \$150.00, Cottage Only Reservations: \$50

**If we provide meals, final headcount is due two weeks prior to retreat date.
Meal charges for no-shows/cancellations after that date are billable at 100% of the meal rates.**

Retreat Center Facilities You Are Requesting Reservations For:

- _____ Youth Center and Youth Chapel Only
- _____ Youth Center, Youth Chapel & Team Cottage
- _____ Cottage Only

RATES:	
Mon-Fri Day Programs	\$125/day
Overnight	\$32/person/night
Meals	Prices on request
Cottage Only	
Rental	\$65/person/night

Dates You Would Like to Use Retreat Center Facilities:

Arrival Date and Time: _____ Departure Date and Time: _____

Number of People in Your Party			
	Male	Female	Total
Students			
Chaperones			
Cori Approved			

Note: Our policy requires appropriate number of chaperones be present at all times with youth on our premises.* Overnight guests require 2 chaperones/dorm residing in the Youth Center

Please bring Sleeping Bags for use in the youth center.; No sheets, pillows, or towels provided.

* Should a parish community use our facility, we would expect them to conform to the chaperone policies of their diocese. Should another congregation of religious, a private school or group use our facility, we would expect them to conform to the policies that they have established for their organizations. Should their organization have no set policies, we would expect them to conform to ours.

FALSE FIRE ALARM: In the event a member of your group pulls a fire alarm, the Fire Department will automatically be sent. In the event it is a false alarm, a fee of \$500.00 will be charged to your group.

Meal Requirements

Meals at the Youth Center are prepared and served by All Occasions Catering at 8:00 am Breakfast, 12:00 Lunch, and Dinner at 5PM. Menu and prices available. *Note: Final count required 2 weeks prior to retreat date – no shows/cancellations after that date are billed at 100% of the meals rate.*

Please indicate which meals your group will need:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							

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

Seating Arrangements:

- _____ Conference Style (rectangular tables in a U shape)
- _____ Breakout Tables/Rooms (round tables for 5-7 people)
- _____ Lecture Style

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? _____

Please make checks payable to: “Congregation of the Sacred Hearts.” A staff member will contact you 2 weeks before your event to confirm final arrangements and number of participant.

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