

# Youth Center Reservation Request

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2<sup>nd</sup> Contact Person and Phone #:** \_\_\_\_\_

**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 50% of the meal rates.**

**Retreat Center Facilities You Are Requesting Reservations For:**

- \_\_\_\_\_ Youth Center/Chapel Only
- \_\_\_\_\_ Youth Center/Chapel & Team Cottage
- \_\_\_\_\_ Cottage Only

<b>RATES:</b>	
Mon-Fri Day Programs	\$125/day
Overnight	\$32/person/night
Meals	\$6/meal/person
Cottage Only	\$60/person/night
Rental	

**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.**

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\* 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 pollicies, we would expect them to conform to ours.

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***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 at 8:00 am Breakfast, 12:00 Lunch, and Dinner at 5PM. The cost of each meal is \$6.00/meal/person. *Note: Final count required 2 weeks prior to retreat date – no shows/cancellations after that date are billed at 50% 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

Other: \_\_\_\_\_

*Seating Arrangements:*

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

**Liturgical needs for private groups:**

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

- \_\_\_\_\_ Mass with a homily (**\$25 Stipend**)      \_\_\_\_\_ Sacrament of Reconciliation (**\$25 Stipend**)
- \_\_\_\_\_ Lecture/Talk/Presentation \_\_\_\_\_ 1 Hour      \_\_\_\_\_ 2 Hour (**Stipend TBD**)
- \_\_\_\_\_ Other

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