



## RESERVATION FORM FOR RETREAT ROOM ACCOMMODATIONS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### PURPOSE OF STAY

- Dominican Center presenter     Dominican Sisters' guest  
 Program participant             Silent retreat  
 Individual retreat                  Other

If other, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ARRIVAL AND DEPARTURE

Arrival date: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Departure date: \_\_\_\_\_

Departure time: \_\_\_\_\_

### MEAL REQUESTS

#### BREAKFAST

(7:00 - 9:00 am) - \$6.00

Total number of meals: \_\_\_\_\_

Dates of meals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### LUNCH

(11:30 am - 12:30 pm) - \$8.00

Total number of meals: \_\_\_\_\_

Dates of meals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### DINNER

(5:00 pm) - \$8.00

Total number of meals: \_\_\_\_\_

Dates of meals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary requests/restrictions (please indicate if request is due to allergy or other medical reasons): \_\_\_\_\_

\_\_\_\_\_

- Please make meal selections at least 4 hours prior to meal time.
- Dominican Center catering services meet most dietary requirements.
- Meals are ordered by completing a meal request on arrival. Request forms are located at Dominican Center reception desk.
- For lunch and dinner guests are generally provided the same meals served to the Grand Rapids Dominican Sisters.