

DIOCESAN RETREAT HOUSE

APPLICATION FORM

Date(s) : From _____ to _____

(Please submit the application form 30 days before the date of use, otherwise the application will not be processed.)

Arrival Time : _____ Departure Time : _____

Nature : Overnight Camp Day Camp A Day Camp A Half-Day Camp

Name of Organization : _____

Correspondence Address : _____

Spiritual Director : _____

Person in Charge :

Name : _____ Position Held : _____

Telephone : _____ Fax : _____ Email : _____

No of Participants : Adult (age 18 or over) : Male _____ Female _____

Fulltime Student (age 12-25) : Male _____ Female _____

Total : _____

Religion : Catholic Other Christian Denominations

The Retreat House can **ONLY** be used for religious retreats. No commercial activities such as exhibitions, selling of books or goods etc are allowed. Non-lodging individuals are not allowed to enter the premises. The Retreat House reserves the right to reject any future applications of the organization(s) that have violated these rules.

Signature: _____

Date : _____

The completed application form should be sent to the Secretariat by post, by fax 2569 0188, or by e-mail - catholic@hkcccl.org.hk .

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FOR OFFICE USE

PAYMENT DUE DATE : _____

Deposit Paid: _____ Date : _____ Receipt No : _____

Balance Paid: _____ Date : _____ Receipt No : _____