

PILGRIMAGE / GROUP REQUEST FORM

Please check the boxes that correspond to your plan for a pilgrimage or group.

1. Name of Organization:

2. Contact Person:

Address:

Phone: Cell phone:

Fax: Email:

3. When arriving: Date: Time:

4. Number of persons expected:

5. Group would like to have:

Mass at: am/pm

Benediction at: am/pm

Meal for: people

(Family Style Chicken Dinner: \$ 13 (per person) plus tax and gratuity, minimum 25 persons. Call for more options.)

Coffee and Cake (Snack) at:am/pm
(\$2.50 per person)

6. Estimated time of departure from the Shrine:

7. Signature of Contact Person:

*In order to secure the date that you desire for your pilgrimage/tour, please complete and return this Request Form as soon as possible. Reservations are accepted on the first-come, first-served basis. Please inform us of your final count of persons planning to visit at least **ONE WEEK** in advance of your arrival (telephone, fax, email).*

(This space reserved for office use only)

Reservation confirmed on: By:

Please fill out and send to

Fax: (219) 838-7214

E-mail: carmelmunster@gmail.com

Carmelite Fathers
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