

# 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: \$ from 19.95 per person plus tax and gratuity, minimum 30 people )

Call for more options , accomodations, pricing

Coffee and Cake (Snack) at: .....am/pm

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)

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Reservation confirmed on:..... By: .....

***Please fill out and send to***

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E - mail: [carmelmunster@gmail.com](mailto:carmelmunster@gmail.com)  
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