|  |  |
| --- | --- |
| **BOOKING INFORMATION** |  *(includes general information about the booking)* |
|  |  |
| Group Name |  |
|  |  |
| A.B.N |  |
|  |  |
| Address |  |
|  |  |
| Arrival date |  |
|  |  |
| Arrival time/first meal |  |
|  |  |
| Departure date |  |
|  |  |
| Depart time/last meal |  |
|  |  |
| Purpose |  |
|  |  |
| Numbers | Male: Female: |
|  |  |
| **CONTACT INFORMATION** | *(includes information about the person making the booking)* |
|  |  |
| Name |  |
|  |  |
| Phone |  |
|  |  |
| Email or Fax |  |
|  |  |
| Mobile |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **VISITING CLERGY** |  |  |
| It is a **Diocesan requirement** that all visiting clergy seek appropriate authority from The Bishop’s Office prior to any participation in retreat programs at The Hermitage. For convenience, we have placed the appropriate forms on our website. These must be forwarded to The Bishop’s Office for authorisation. The onus for compliance rests with the visitor group. |  |

**TERMS, CONDITIONS & BOOKING INFORMATION SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| I have read and understand terms and conditions of this booking. YES  |  |  NO |  |