

‘Sharing from our Toolkits - Using our Unique Gifts and Talents’

Registration Form

Name /s:

Parish Name:

Phone: *Mobile*:..... *Other*:

Email address:

**COST: \$60 per person for all or part of the weekend with NO overnight accommodation.
\$100 per person for all or part of the weekend WITH accommodation***

***Accommodation is offered for both Friday and/or Saturday night.**

ACCOMMODATION:

Please tick where appropriate: 1 / We will be staying on:

Both Friday and Saturday nights ____ Friday night only ____ Saturday night only ____

* Some bedrooms at Holy Cross are upstairs. Tick if you **DO NOT** want to be upstairs. ____

MEALS: Please circle if any of these apply:

Gluten free dairy free Vegan Celiac Vegetarian

If Vegetarian, please specify what you cannot consume:.....

.....

Please mention allergies:

PAYMENT:

a) Please pay by EFT to: Passionist Family Group Movement
BSB: 063 494 (CBA) Account: 10059744 *Reference: Your name/s (as above)*

OR

b) Cheque made Payable to: Passionist Family Group Movement
BSB: 063 494 (CBA) Account: 10059744
Reference: Your name/s (as above)

** Please scan and email this completed page to: pfgm.victas@gmail.com

OR

Send by post to: **Passionist Family Group Movement
Holy Cross Retreat
207 Serpells Road
TEMPLESTOWE VIC 3106**

*Enquiries - Ph: 0457 685 835 (if no answer
please leave a message)*