



Galilee Centre

PROGRAM APPLICATION FORM

Name of Retreat: _____ Date: _____

Single:

Double:

Commuter:

Retreatant Information:

Name: _____ Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____ Email: _____

Contact Information in Case of Emergency:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Other Information:

Additional information to make your stay more enjoyable, e.g. food allergies, physical limitations, etc.):

To reserve your space, please return this application form with your non-refundable deposit to Galilee Centre, 398 John Street North, Arnprior, ON K7S 2P6. For more information: 613-623-4242, ext 21 or info@galileecentre.com.

Confirmation upon receipt of form and deposit