

Please fill out and send to: **Ph: (219) 838-7111 Fax: (219) 838-7214 carmelmunster@yahoo.com**
Carmelite Fathers
1628 Ridge Road
Munster, IN 46321

PILGRIMAGE / GROUP REQUEST FORM

*Pilgrimage season extends from **Easter to November 1st**. (For pilgrimages not included in this time period special arrangements must be made). 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:

Holy Mass in: English, Polish, Italian (*Mass intention is \$ 20*).

Conducted Tour in: English, Polish, Spanish, Italian (*\$ 2 per person*).

Benediction at: Pm.

Meal for: people.

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

Coffee and Cake (Snack) at: Am or: Pm.
(\$ 2.50 each)

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 person planning to visit us at least **ONE WEEK** in advance of your arrival (telephone, fax, email).*

(This space reserved for office use only)

Reservation confirmed on: By: