



OUR LADY OF MT. CARMEL CAMP AND RETREAT CENTER



Payment Form

*\*This form must accompany all retreat payments.*

Please circle one:

1 Day Retreat

1- Night Stay

2 - Night Stay

Enter Date(s)

Enter Date(s)

Enter Date(s)

**Ministry / Group Information**

Group Name: \_\_\_\_\_ Leader Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Scheduling and Registration Policy:**

- All scheduling will be complete once you have selected your date(s) and the office has approved it.
- Deposits are due 14 days (2 weeks) after scheduling with the office.
- Registration and waiver forms must be completed and filed 30 days prior to your retreat.

**Please note:**

- All clergy outside of the Diocese of Pittsburgh must have a *Suitability for Priestly Ministry form* on file 30 days prior to their stay.
- All speakers, visiting religious and supervising adults must be current and in good standing with the Protection of Children, Youth and Vulnerable Adults for the Diocese of Pittsburgh.
- If outside the Diocese of Pittsburgh, all speakers, visiting religious and supervising adults must have a letter of *Good Standing* from their home parish's Safe Environment Office.

**Remaining Balance:** The remaining balance must be paid for in full 30 days before the start of the retreat.

- Spots may be added after registration but must be paid in full within 2 weeks of the addition.
- Deposits are non refundable when cancellation occurs 30 days prior to scheduled event.
- Deposits will be refunded due to weather related cancellation, or other uncontrollable circumstances.

**Payment Information:**

	<u># of beds</u>	<u>Total Amount</u>
Deposit:	_____ x 10%	\$ _____
Balance Due:	_____ x _____	\$ _____
Total Payment Enclosed:		\$ _____

**Select Payment:**

Venmo \_\_\_\_\_ Check (# \_\_\_\_\_) Money Order (# \_\_\_\_\_)

*For Credit Card Payments - complete and detach below. Mail to:*

**Credit Card:**

Master Card     Visa     Discover     AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Code# \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

I, the above named, authorize Dry Bones Ministry / Our Lady of Mt. Carmel Camp and Retreat Center to charge my credit card for the amount listed in **Total Payment Enclosed** line above.