St Clement’s Retreat and Conference Centre

# 2020 RETREAT REGISTRATION

Retreat Title. . . . . . . . . . . . . . . Date. . . . . . Cost. . . . . . .

Name. . . . . . . . . . . . . . . . . . . .

Address. . . . . . . . . . . . . . . . . . . . . . . . . Postcode. . . . . .

Phone. . . . . . . . . . . . . . . Email. . . . . . . . . . . . . . . . .

**Diets** please indicate below if your dietary requests. Please note that **only the following special diets are catered for**.

Dairy Free Diabetic Gluten-free Vegetarian No special diet

**Transport arrangements**

Own Transport

Retreatants arriving and departing Galong by coach or rail coach will be met by a pre-arranged courtesy car. Those arriving in Harden will be transported to and from St Clement’s for $20.00 per person return. Please indicate if you require this service;

By Coach **Canberra / Galong** / XPT from **Melbourne/Galong** / XPT from **Sydney/Harden**

Date. . . . . . Time. . . . . .

Accommodation or meals ***may*** be offered before or after the retreat. Please contact St Clement’s at least 21 days prior to the retreat date for availability.

Accommodation (availability & cost to be confirmed) Lunch $10 Anticipated dates. . . . .

**Deposit / Payment**

Enclosed is a deposit / payment in full of $. . . . . for ensuite

or shared bathroom accommodation .

**Payment details** Cheque Visa Mastercard

Card Number. . . . . . . . . . . . . . . . . . Expiry date. . . . /. . .

Name on card. . . . . . . . . . . . . . . . .

**Signature**. . . . . . . . . . . . . . . . . **Date**. . . . . . . .

Please return completed registration and payment to; **The Retreat Coordinator, St Clement’s Retreat & Conference Centre, Kalangan Road, Galong NSW 2585.** Contact details: Phone 02 6380 5222 Fax 02 6386 7353 Email info@stclement.com.au