



The Well Retreat Center
 18047 Quiet Way
 Smithfield, VA 23430
 757-255-2366

Group Reservation Form

Today's Date: _____

Amount of Deposit Enclosed: _____

The Balance of your payment is due upon ARRIVAL

Parish/organization: _____ Group _____

Retreat Contact Person _____ Daytime Phone _____

Address: _____ Email: _____

 (City)

 (State)

 (Zip)

Date(s) Requested for Use of The Well

Arrive (Date/Time) _____ Depart (Date/Time) _____

Bringing own Retreat Director Yes No Center Staff to direct Yes No

Number of people _____ No. of Women _____ No. of Men _____

Meals times are as follows: Brkfst – 8:00 am Lunch – 12:30 pm Dinner – 6:30 pm

When making your reservation, please notify us of any food allergies or special dietary needs. We will do our best when planning the menu

In addition to the large group meeting space, our group will need 0 1 2 3 4 extra small meeting spaces for small groups (please circle)

I have read and understand the "Policies Affecting retreats." _____

If this is a youth retreat, Names of ADULT chaperones: _____

FOR RETREAT CENTER USE ONLY

Date received: _____ Date confirmation sent _____

Date(s) for center use _____ Deposit received _____ Projected balance due: _____