Saint Mary's Spiritual Center & Historic Site
Individual and Group Contact Form

Inquiry Date:	

Name of Organization:	
Name of Contact:	
Telephone #:	
Address (Street/P.O. Box)	
City, State, ZIP	
Email:	
Reason for Contact:	
Number of Persons:	

Day & Date of Event:	
Arrival Time:	
Departure Time:	

Room Requirements:	*Check box to choose.*
Visitor Center:	☐
Marechal:	☐
Lower Chapel:	☐
Upper Chapel:	☐
Spiritual Center:	☐
South Transept: (Required with Food Service)	☐

Food Service Required:	*Check if "Yes"*
Breakfast	☐
Lunch	☐

Mass Requested	☐	*If "yes," which chapel?*
Lower Chapel	☐	
Upper Chapel	☐	

Tour Requested	☐

Please include any additional information that will help us best meet your needs:

Print, Then Mail or Save, Then Email