



CIRCLE LAKE RETREAT CENTER Archdiocese of Galveston-Houston



Contact Person: _____ Event Director Name _____

Church/Affiliation: _____ Group Name _____

Address: _____ City/State/Zip: _____

Bus Ph: _____ Cell: _____ Fax: _____

E-mail: _____ Home Ph: _____

Date(s) Requesting: _____ Number of guests: _____

Arrival Time: _____ Time of Departure: _____

(Check-In before 3pm or Check-out after 12 noon may result in additional fees)

Facilities Requested: Please circle each

Package Reservation: Full Facility Demi Facility Mini Facility

Houses: 1 2 3 4 5 6 7 8 9 10 11 12 15 17 Holy Spirit Conference Center St. Francis Hall St. Vincent de Paul Hall

Chapel: (day/time) _____ **Prayer Garden:** (name/day/time) _____

Fire Circle (day/time) _____ **Pool Time:** _____ **Canoe Time:** _____

Please figure your deposit here:

Full Facility Package	\$ 1700.00
Demi Facility Package	\$ 1400.00
Mini Facility Package	\$ 300.00
Number of houses _____ x \$100	
St. Francis Dining Hall	\$ 100.00
St. Vincent De Paul Hall	\$ 100.00
Holy Spirit Conference Center	\$ 100.00
Total deposit due	

To secure your reservation:

Send this form with your check or money order made payable to:

**Circle Lake Retreat Center
P. O. Box 1410
Pinehurst, TX 77362-1410**

Should you have questions
please contact us at:

(281) 356-6764 or (281) 356-6678 fax

email: circlelake@sbcglobal.net

or visit us at www.circlelakeretreat.org

I understand that every attempt will be made to accommodate my facility needs. However, I am advised that Circle Lake Retreat Center reserves the right to adjust my specific building assignment as dictated by demand of the property. I certify that I have read the fee schedule and guidelines for guest use of the facilities, including the cancellation policy. By signing this request for use of Circle Lake Retreat Center, I take responsibility for my groups' understanding of these guidelines and procedures. I understand that all participants in activities at Circle Lake must adhere to the Archdiocesan VIRTUS program policies at all times and present a copy of VIRTUS certification on each adult tending to youth. I further acknowledge that all adults are required to sign a waiver of liability prior to engaging in any activity at Circle Lake Retreat Center and likewise sign a waiver of liability for each child in their care.

_____ **print name**

_____ **signature**

_____ **date**

Office Use Only : Date received: _____ Check Number _____ Amount: _____