

# Reservation Request

Event	number attending	price	total price
<input type="checkbox"/> Father/Son(s) day Father and son - \$25 Each additional son - \$5		\$25/\$5	
<input type="checkbox"/> Mother/Daughter(s) retreat Mother and daughter - \$65 Each additional daughter - \$10		\$65/\$10	
<input type="checkbox"/> Marriage Enrichment Dinner ___ chicken ___ tilapia	_____ couples	\$35	
<input type="checkbox"/> Single Women's retreat		\$75	
<input type="checkbox"/> Father/Daughter(s) dinner Father and daughter - \$25 Each additional daughter - \$5		\$25/\$5	
<b>TOTAL PAYMENT ENCLOSED _____</b>			

*Deadline for all reservations is the Tuesday before event begins.*

Special dietary need: \_\_\_\_\_

Names of event attendee(s) (and ages for children)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To register, please complete this form, make check payable to "Maronda Foundation," and mail form and payment to:

Gilmary Retreat Center  
 Attn: Lilli Wolfe  
 601 Flaugherty Run Road  
 Coraopolis, PA 15108

\_\_\_\_\_  
 Your Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Contact Phone / email