



NATIONAL SHRINE of
**OUR LADY OF
 LA SALETTE**
 SHRINE - WELCOME CENTER - RETREAT CENTER

2018 CHRISTMAS GROUP REGISTRATION FORM

Registrations may also be completed online at www.lasaletteattleboroshrine.org/group-registration

<p align="center">GROUP INFORMATION</p> <p>Group Name: _____</p> <p>Group Leader: _____</p> <p>Address: _____</p> <p>City/Town: _____ State: _____</p> <p>Zip: _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>Home Phone: (____) _____ - _____</p> <p>E-Mail: _____</p> <p>Date of Arrival: ___/___/_____ Time of Arrival: ____:____</p> <p>Number of people in group: _____</p> <p><input type="checkbox"/> My group would like to visit the International Crèche Museum</p> <p><input type="checkbox"/> My group would like a guided tour at: ___ : ____pm</p> <p>**Tours can only be led is a Staff Member is available.**</p> <p>BUS GROUP SUGGESTED DONATION: \$100.00</p> <p>Enclosed is our donation of: \$ _____</p> <p>Please, make checks payable to: La Salette Shrine</p>	<p align="center">TYPE OF GROUP</p> <p><input type="checkbox"/> Seniors <input type="checkbox"/> Parish Mixed Age</p> <p><input type="checkbox"/> Youth <input type="checkbox"/> Assisted Living</p> <p><input type="checkbox"/> Tour Group <input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">BUS COMPANY INFORMATION</p> <p>Company Name: _____</p> <p>Contact: _____</p> <p>City, State, Zip: _____, _____, _____</p> <p>Phone: (____) _____ - _____</p>	<p align="center">TYPE OF VEHICLE</p> <p><input type="checkbox"/> School Bus <input type="checkbox"/> Tour Bus</p> <p><input type="checkbox"/> Carpooling <input type="checkbox"/> Mini Bus</p> <p><input type="checkbox"/> RV <input type="checkbox"/> Van</p> <p align="center">GROUP MEALS SEATING:</p> <p align="center">4:30pm, 6:00pm, & 7:30pm</p> <p align="center">Deposits must be made for all reservations!</p> <p align="center">Refunds will be issued if cancellations are made at least two weeks prior to Shrine Visit.</p> <p align="center">NO REFUND UNLESS RESCHEDULE</p> <p align="center">MEAL PLANS</p> <p align="center">Group meal seating time: (Please check ONLY ONE time)</p> <p align="center"><input type="checkbox"/> 4:30pm <input type="checkbox"/> 6:00pm <input type="checkbox"/> 7:30pm</p> <p align="center">Please see enclosed menu for meal choices.</p> <p align="center">*Group meals MUST BE BOOKED through Erin Candiano at 978-490-5242 dcandiano@msn.com</p>

For more information on our Christmas Festival of Lights
 please visit our website at: www.lasaletteattleboroshrine.org/Christmas-Festival

WEATHER CANCELLATIONS: www.lasaletteattleboroshrine.org
 or local TV, Radio, and Cable stations for winter storm cancellations

BUS CANCELLATIONS: **Please inform us of cancellations**
AT LEAST 2 WEEKS PRIOR TO VISITATION at (508) 222-5410

Thank you for your free will offering!

Please mail completed forms to: **Christmas Group Reservations**
 La Salette Shrine 947 Park St., Attleboro, MA 02703 - (508) 222-5410