

Primary Contact Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer the following questions:

1. **Date of Interest: Do you have a specific date in mind?** Yes  No

If yes, when (Ex: April 28, 2013)? \_\_\_\_\_

If no, do you have a certain time frame (Ex: Wednesdays during spring 2013)? \_\_\_\_\_

2. **Have you been to SIFAT before?** Yes  No

If yes, when and why? \_\_\_\_\_

3. **What is your estimated attendance number?** \_\_\_\_\_

(You will have up until 14 days prior to your arrival date to adjust this number with no financial penalties; an estimated attendance number must be given to determine availability)

4. **Food Service:** Are you interested in the SIFAT Cafeteria providing lunch? Yes  No

If yes, the cost for lunch is \$6.00 per participant.

If no, each participant must provide their own lunch.

5. **Arrival and Departure Times:**

**Is your group able to arrive to SIFAT by 9am for programming to begin at 9:15am?** Yes  No

If no, what is the earliest time you are able to arrive by? \_\_\_\_\_

**Is your group able to stay at SIFAT until 1:15pm?** Yes  No

If no, what time do you need to depart SIFAT's campus by? \_\_\_\_\_

6. **Would you like for participants to be scheduled to visit the SIFAT Village Store?** Yes  No

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Please email completed form to [admin@sifat.org](mailto:admin@sifat.org) or mail to the address listed below.

Once you had submitted this Retreat Interest Form, we will contact you to set up the details of your retreat. SIFAT staff will create a proposed schedule, invoice, and contract using the information you have provided. We ask for a 20% deposit to be paid and for your contract to be signed and returned to confirm any tentatively scheduled retreat.