## St. Vincent de Paul Regional Seminary Reservation Form For Archdiocese of Toronto Priests

Name:			
City, Province, Posta	l Code:		
Email:			
Phone # (Cell & Hom	e)		
Arrival Date& Appro	x. Time:		
Departure Date& Ap	prox. Time:		
# of days @ US\$60/c	lay:days	s X US\$60/day =US\$	
Total Credit Card Pay	ment:	US\$	
Credit Card Informat	ion: Visa, MasterCar	d, or American Express	
Card Number:			
Expiry Date:			
CCV Number:			
The undersigned ack	nowledges and agre	es to abide by the "Terms of Use"	(initial)
Attached letter from Toronto	undersigned confirm	ning priest is in good standing with Arcl	ndiocese of
Date:	Signature:		

Requests for reservations to be made directly to the Seminary by emailing the Reservation Form to the Rector's administrative assistant, Ms. Kip Clarke at <a href="kclarke@svdp.edu">kclarke@svdp.edu</a> with a copy to the Vice Rector, Father Gregg Caggianelli, at <a href="mailto:gcaggianelli@svdp.edu">gcaggianelli@svdp.edu</a> and a copy to the Serra Foundation of Canada at <a href="mailto:gdamianiqc@rogers.com">gdamianiqc@rogers.com</a>. A letter signed by the priest confirming that he is in good standing with the Archdiocese of Toronto to accompany the reservation form.