

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

Name: _____

Address: _____

City, Province, Postal Code: _____

Email: _____

Phone # (Cell & Home) _____

Arrival Date& Approx. Time: _____

Departure Date& Approx. Time: _____

of days @ US\$60/day: _____ days X US\$60/day = __ US\$

Total Credit Card Payment: _____ US\$

Credit Card Information: Visa, MasterCard, or American Express

Card Number: _____

Expiry Date: _____

CCV Number: _____

The undersigned acknowledges and agrees to abide by the "Terms of Use". _____ (initial)

Attached letter from undersigned confirming priest is in good standing with Archdiocese of Toronto

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 kclarke@svdp.edu with a copy to the Vice Rector, Father Gregg Caggianelli, at gcaggianelli@svdp.edu and a copy to the Serra Foundation of Canada at serrafoundation@hotmail.com. A letter signed by the priest confirming that he is in good standing with the Archdiocese of Toronto to accompany the reservation form.