

To the Sisters of the Immaculate Conception of the Blessed Virgin Mary
NERINGA RESERVATION REQUEST FORM

Send forms to: ICC, 600 Liberty Hwy., Putnam, CT 06260.

NAME OF GROUP: _____

TYPE OF GROUP: *Neringa is available for use to groups with religious, cultural or educational programming. Please include a copy of your programming agenda with this form.*

NUMBER OF PEOPLE IN GROUP & AGE RANGE: _____

DATE & TIME of ARRIVAL: _____

DATE & TIME of DEPARTURE: _____

GROUP LIABILITY INSURANCE POLICY:

A Certificate of Insurance with Neringa, Inc. & Sisters of the Immaculate Conception named as additional insured is required.

CONTACT PERSON FOR GROUP: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Rental Rates

Flat Rate: \$330/night
for up to 18 people

Per Person Fee: \$23/person/night
for each person over
18 people

SIGNATURE: _____ **DATE:** _____

The landlords of Neringa, the Sisters of the Immaculate Conception, must approve the use of the facilities.

Request Approved by the Sisters of the Immaculate Conception (Landlord of Neringa, Inc.)

Signature: _____ **Date:** _____