DIOCESE OF ALGOMA

PARISH _____

REQUEST FOR BILLET(S)

Name of Delegate: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

We would appreciate accommodation for the night(s) of (please check):

Wednesday, May 3, 2017 ❑

Thursday, May 4, 2017 ❑

Friday, May 5, 2017 ❑

Expected Time of: Arrival _____

Departure _____

Special Dietary Needs: _____

Date: **Signed:** _____

SYNOD OFFICE USE ONLY **Date Received:** _____