

**MOUNT LA VERNA RETIREMENT VILLAGE (Inc.)**  
**ST FRANCIS HOSTEL**

678 North Beach Road, Gwelup, 6018

Telephone : (08) 9445 7030

Fax : (08) 9445 7029

**EXPRESSION OF INTEREST**

*I / We are interested in accommodation at the Mount La Verna Retirement Village Gwelup.*

Surname

(Mr/Mrs/Ms/Miss) \_\_\_\_\_

Christian Or Given Name : (1) \_\_\_\_\_

(2) \_\_\_\_\_

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Date Of Birth : (1) \_\_\_\_\_

(2) \_\_\_\_\_

*Please tick type of accommodation desired:*

**MOUNT LA VERNA RETIREMENT VILLAS**

(a) Two bedroom Villa

(b) Three bedroom Villa

Anticipated year accommodation is required \_\_\_\_\_

*Entry to the Villa is subject to an entry contribution.*

*I / We will be able to make the necessary arrangements to purchase entry into the Village according to the type of accommodation I / we need.*

*I am/We are aware*

(1) *This expression is not a binding commitment.*

(2) *I / We must reconfirm annually before 31st January, of my / our continued interest in being retained on a waiting list.*

(Signed) \_\_\_\_\_

Date : \_\_\_\_\_