

ST FRANCIS RETREAT HOUSE

REGISTRATION FORM--Fr. Clement Machado, Fr. Dan Havron Retreat

PLEASE PRINT

NAME : _____

(FIRST)

MIDDLE INITIAL)

(LAST)

NAME OF SPOUSE _____

ADDRESS: _____

(STREET)

(APT #)

(CITY)

(STATE)

(ZIP CODE)

(PROVINCE)

PHONE(S): HOME: _____ WORK _____

CELL _____

EMAIL: _____

PARISH _____ STATE/PROVINCE _____

BIRTHDAY _____ OCCUPATION _____

NAME OF RETREAT: Fr. Clement Machado, Fr. Dan Havron Retreat

RETREAT DATES: July 17,18,19, 2009 CONTACT PERSON _____

SUGGESTED OFFERING \$165.00 REQUIRED DEPOSIT \$35.00

DEPOSIT PAYMENT _____ CK# _____

NAMES OF ROOMMATES _____

SPECIAL NEEDS: _____ HANDICAP ROOM _____

DIETARY NEEDS _____

IS THIS YOUR FIRST RETREAT AT SFRH? YES ___ NO ___ DO YOU WISH TO BE ON
OUR MAILING LIST? YES ___ NO ___

