

# ST FRANCIS RETREAT HOUSE

## REGISTRATION FORM—February Women's Retreat

PLEASE PRINT

NAME : \_\_\_\_\_

(FIRST)

MIDDLE INITIAL)

(LAST)

ADDRESS: \_\_\_\_\_

(STREET)

(APT #)

(CITY)

(STATE)

(ZIP CODE)

(PROVINCE)

PHONE(S): HOME: \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ Emergency contact name and # \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARISH \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF RETREAT **February Womens Retreat**—Friends of St. Clare

RETREAT DATES: **February 19-21, 2010** Captain if known \_\_\_\_\_

SUGGESTED OFFERING--\$150.00 REQUIRED DEPOSIT--\$25.00

DEPOSIT PAYMENT \_\_\_\_\_ CK# \_\_\_\_\_ Total Payment \_\_\_\_\_

NAMES OF ROOMMATES (if applicable) \_\_\_\_\_

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 \_\_\_ Would you like to be a Retreat Captain/Promoter? Yes No. Would you like to volunteer here at the Retreat House? Yes No. If new, how did learn about us? \_\_\_\_\_