

ST FRANCIS RETREAT HOUSE

REGISTRATION FORM—St. Francis Lecture Series: Dr. John Cecero

PLEASE PRINT

NAME : _____

(FIRST)

MIDDLE INITIAL)

(LAST)

ADDRESS: _____

(STREET)

(APT #)

(CITY)

(STATE)

(ZIP CODE)

(PROVINCE)

PHONE(S): HOME: _____ WORK _____

CELL _____

EMAIL: _____

PARISH _____ STATE _____

BIRTHDAY _____ OCCUPATION _____

ST FRANCIS LECTURE SERIES: Monday, June 7, 2010 9:00 am to 4:00 pm

SUGGESTED OFFERING--\$65.00 REQUIRED DEPOSIT--\$25.00

DEPOSIT PAYMENT _____ CK# _____

DIETARY NEEDS _____

ARE OTHERS IN YOUR PARTY _____

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

