

	Women's Retreat Dates	: November 9-10 202	24
First Name:		Last Name:	
Name for Nametag:			
Address:			
	Street	City	State/Zip
Home Phone:		Cell Phone:	
Email Address:			
Are you a registered mem	ber of this parish?		
Yes	Νο		
Do you have food allergies	s or special dietary needs? Do y	ou require any special	accommodations?
Yes	No Yes, they are:		
Registration fee to cover t	he cost of the week-end is: <u>\$60.</u>		ance is available if needed. Michael Whitney, Business) 273-9999)
Emergency/Medical Contact:		Personal contact the your retreat:	nat we can reach out to regarding
Name/Relationship:		Friend Full Nam	e:
Home Phone:		Home Phone:	
Alt Phone #:		Alt. Phone #:	
Email:		Email:	
Mail /Email or drop	o in Collection Basket, along with	- n payment, to return th	is form to the Parish Office.
Office Use Only: Date Received:	_ # for retreat: Confi	rmed date:	Confirm Letter:
Staying overnight:	YesNo Need	s air mattress Y	/es No
Paid Yes _	No		