



# Christ Renews His Parish

CHRIST RENEWS HIS PARISH  
2024 INVITATION  
Pax Christi Catholic Church  
4001 Victoria Way  
Lexington, KY 40515

Retreat Contact:  
Tricia Gaetz  
(859) 619-7725  
Tgaetz1961@gmail.com

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## Women's Retreat Dates: January 25-26, 2025

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name for Nametag: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you a registered member of this parish?

Yes

No

Do you have food allergies or special dietary needs? Do you require any special accommodations?

Yes

No Yes, they are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration fee to cover the cost of the week-end is: **\$60.00**

Financial assistance is available if needed.  
(Please contact Michael Whitney, Business  
Manager at (859) 273-9999)

Emergency/Medical Contact:

Personal contact that we can reach out to regarding  
your retreat:

Name/Relationship: \_\_\_\_\_

Friend Full Name: \_\_\_\_\_

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

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

Alt Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Mail /Email or drop in Collection Basket, along with payment, to return this form to the Parish Office.

### Office Use Only:

Date Received: \_\_\_\_\_ # for retreat: \_\_\_\_\_ Confirmed date: \_\_\_\_\_ Confirm Letter: \_\_\_\_\_

Staying overnight: \_\_\_\_\_ Yes \_\_\_\_\_ No

Needs air mattress \_\_\_\_\_ Yes \_\_\_\_\_ No

Paid \_\_\_\_\_ Yes \_\_\_\_\_ No