



April 28th and 29th, 2017
Registration Form

Name _____ Parish _____
 (Please Print)

Address: _____

 City State Zip

Phone: Home: _____ Cell : _____

E-Mail Address: _____
 (Please Print)

Emergency Contact: _____
 Name Phone # Relationship



Retreat Theme: Thirsting for Prayer
 Retreat Audience: Open to all Women
 Registration Dates: Begins: February 12th Ends: April 17th
 Registration fee: \$90.00

Is this your first Retreat? ___Y ___N Date _____
 Donate to Scholarship fund ___y ___N Amount _____
 Would like to join the 2018 Core Team ___Y ___N
 Medical Dietary Restrictions: _____

Step #1 For Registration: DOWNLOAD this form onto your **COMPUTER DESKTOP**, fill out the form then mail completed form to: Linda Roeck at: Lmroeck@aol.com or return to the parish office.

Step #2 For Payment: [Click Here](#). (Scroll down to Parish Ministry Support/Women's Retreat).

Your signature provides authorization of making photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and publication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit it to control such making or use.

Signature: _____ Date: _____