

ST FRANCIS RETREAT HOUSE
REGISTRATION FORM

PLEASE PRINT

NAME _____
(FIRST) (M. I.) (LAST)

ADDRESS _____
(STREET) (APT)

CITY) (STATE) (ZIP CODE)

PHONE(S): HOME _____ CELL _____

EMAIL _____

Fax _____

NAME OF RETREAT _____

RETREAT DATES _____

Method of Payment:

() Check enclosed Amount _____ Ck # _____

Credit Card: (Please Circle)

MasterCard Visa Discover

Card Number _____

Expiration Date: _____ 3 digit Security code on back _____

Signature _____

Housing Request Single _____ Double _____

Name of Roommate: _____

Circle if applicable: Gluten Free Vegetarian

Special Needs: _____

Handicap Room needed ____ Yes ____ No

\$35 non-refundable deposit must accompany registration unless otherwise specified.

Mail to or Email stfranrh@rcn.com
St. Francis Retreat House
3918 Chipman Road
Easton, PA 18045