

ST FRANCIS RETREAT HOUSE

REGISTRATION FORM—First Friday Retreat

Day

PLEASE PRINT

NAME : _____
(FIRST) (MIDDLE INITIAL) (LAST)

ADDRESS: _____
(STREET) (APT #)

(CITY) (STATE) (ZIP CODE) (PROVINCE)

PHONE(S): HOME: _____ WORK _____

CELL _____ Emergency contact name and # _____

EMAIL: _____

PARISH _____ STATE/PROVINCE _____

BIRTHDAY _____ OCCUPATION _____

NAME OF RETREAT First Friday Retreat Day Registration 8:30 am— 9am to 2pm

RETREAT DATES: _____ Captain if known _____

SUGGESTED OFFERING-- \$25.00 REQUIRED DEPOSIT--

DEPOSIT PAYMENT _____ CK# _____ Total Payment _____

NAMES OF ROOMMATES (if applicable) _____

SPECIAL NEEDS: _____ HANDICAP ROOM _____

DIETARY NEEDS _____

Is this your first retreat at SFRH? yes ___ no ___ Do you wish to be on our mailing list? yes ___ no ___ Would you like to be a Retreat Captain/Promoter? Yes No. Would you like to volunteer here at the Retreat House? Yes No. If new, how did learn about us? _____