

ST FRANCIS RETREAT HOUSE

REGISTRATION FORM—Married Couple Retreat

PLEASE PRINT

NAME : _____

(FIRST)

MIDDLE INITIAL)

(LAST)

ADDRESS: _____

(STREET)

(APT #)

(CITY)

(STATE)

(ZIP CODE)

PHONE(S): HOME: _____ WORK _____

CELL _____ Emergency # _____

EMAIL: _____

PARISH _____ STATE/PROVINCE _____

BIRTHDAY _____ OCCUPATION _____

NAME OF RETREAT: MARRIED COUPLE RETREAT

RETREAT DATES: FEBRUARY 11-13, 2011 Captain _____

OFFERING--\$275.00 PER COUPLE----- REQUIRED DEPOSIT--\$50.00

DEPOSIT PAYMENT _____ CK# _____ Total Payment _____

SPECIAL NEEDS: _____ HANDICAP ROOM _____

GLUTEN FREE VEGETARIAN ALLERGY TO _____ (CIRCLE IF APPLIES)

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? _____