

MOUNT SAINT FRANCIS CENTER FOR SPIRITUALITY

101 St Anthony Drive, Mt St Francis IN 47146
812 923 8817 Email: retreats@mountsaintfrancis.org

RETREAT REGISTRATION FORM

RETREAT OFFERED:

_____ Friends of Francis (October) _____ Men's Weekend (October)
_____ Passion Retreat (Spring, prior to Easter) _____ Other _____
_____ Women's Weekend (April) _____ Margarita Retreat for Women (May)

DATE of RETREAT (check the online calendar): _____

Room accommodations needed:

____ Single Room ____ Double Room ____ Commuter (meals only)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

Email contact: _____

How did you find out about this retreat? _____

*Any **special dietary need or medical condition** that we should be aware of? _____

List name and relationship of emergency contact: _____

Emergency contact phone number: _____