

JRH – SUMMER DIRECTED RETREAT PRE-REGISTRATION FORM

Please PRINT clearly and fill in as completely as possible.

5-Day Directed _____ **8-Day Directed** _____

Date of Retreat: _____ Retreat #: _____

Last Name _____ First Name _____ M.I. _____

Address/PO Box _____

City _____ State _____ Zip Code _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ DOB: _____

Male _____ Female _____ Do you require an ADA Handicapped Room ___ Yes ___ No

We are a nonsmoking facility. Smoking is permitted outside except in the courtyard.

JESUIT RETREAT HOUSE

**4800 Fahrwald Rd
Oshkosh WI 54902**

920-231-9060 Email: office@jesuitretreathouse.org

A non-refundable **room reservation gift of \$50.00 per person** will be subtracted from your total retreat gift when balance is due at end of retreat.

5-Day Directed \$525 8-Day Directed \$750

Please list at least three different choices for a director. Directors will be assigned based on date reservation and deposit are received.

1. _____ 2. _____ 3. _____

OR 1.Lay-person _____ 2. Religious _____ 3. Female _____ 4. Male _____ 5. Open _____

Massage Therapy Session (for Directed Retreats ONLY & pay MT \$35). Yes _____ No _____

Credit Card Information:

Print Name exactly as it appears on card: _____

Credit Card Number: _____

Exp. Date: _____ American Express _____ Discover _____ MasterCard _____ Visa _____

Amount submitted: \$ _____

YOUR RETREAT RESERVATION CONFIRMATION WILL BE EMAILED UNLESS YOU HAVE NO EMAIL ADDRESS THEN A CARD WILL BE USPS MAILED.