

**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 appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

3-Digit Security Code (backside): \_\_\_\_\_ 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.**