JRH – WEEKEND PREACHED RETREAT PRE-REGISTRATION FORM

REGISTRATION FORM- Please PRINT clearly and fill in as completely as possible.

Check type of retreat: _	Weekend	12-Step _	Couples _	Holy Week	
Date of Retreat:	treat: Retreat #:				
Last NameFirst Name				M.I	
Address/PO Box					
City		State	Zip Code		
Day Phone:		_Evening Phon	e:		
Cell Phone:Email:					
Occupation:	DOB:				
lale Female Do you require an ADA Handicapped Room?YesNo					
We are a nonsmoking fa	acility. Smoking is p	permitted outsic	le except in the co	urtyard.	
	480	RETREAT HC 00 Fahrnwald Ro nkosh WI 5490 il: office@jesuit	d 2		
A non-refundable room retreat gift when balance			rson will be subtra	acted from your total	
Weekend Retreat \$36	60 Holy We	ek Retreat \$36	0 12-Ste	p Retreat \$360	
Couples	\$550 per couple				
CREDIT CARD INFO:					
Name <u>exactly</u> as it appe	ears on card:				
Credit Card Number:					
Exp. Date: Ar	nerican 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.