

JESUIT RETREAT HOUSE SUMMER DIRECTED SILENT RETREATS
PRE-REGISTRATION FORM

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

All retreats are silent. We are a nonsmoking facility. Smoking is permitted outside except 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 \$75.00 per person** payable by check or credit card will be subtracted from your total retreat gift when balance is due at end of retreat.

5-Day Directed \$600 8-Day Directed \$850

Please list three different choices for a director. We will try our best to assign you one of your three choices. Due to demand, we cannot guarantee your 1st choice of Director assignment.

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

Name exactly as it appears on card: _____

Credit Card Number: _____ Security Code _____

Exp Date: _____ AE _____ MasterCard _____ Visa _____ Discover _____

Amount submitted: \$ _____ Signature: _____

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