

PLEASE Return to the Parish Office



Saint John Paul II Parish
Southbridge, Massachusetts



RETREAT REGISTRATION FORM

Retreat: Women 8: Sept 23/24, 2017 9: March 10/11, 2018
 Men 7: Oct 14/15, 2017 8: April 21/22, 2018

Name: _____ Date of birth: ___/___/___

Address: _____ Cell phone: _____

_____ Home phone: _____

E-mail address: _____

Marital Status: Single Widowed Divorced Married

Emergency contact: _____ Relationship: _____

E-mail: _____ Cell phone: _____

State briefly why you want to participate in this retreat: _____

Special dietary needs: None Nuts Diabetes Gluten-free
 Lactose intolerant Vegan Other: _____

An individual with any special medical considerations should explain their needs to a member of the team prior to the retreat for appropriate accommodations.

I, _____, affirm that I am in good health, mentally and physically. I release ***Saint John Paul II Parish*** and the leadership of ***Christ Renews His Parish*** from any civil or criminal proceeding related to the retreat and I hereby sign freely, without reservation and voluntarily without exception.

Retreatant

Pastor/Spiritual Director

For office use:

Form#: _____ **Name of Retreatant:** _____

Date received _____ Team contact _____

Non-refundable registration \$10 paid cash check _____

Special dietary needs: None Nuts Diabetes Gluten-free
 Lactose intolerant Vegan Other: _____

Medical needs: _____

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