

WOMEN'S ACTS RETREAT OCTOBER 12-15, 2017
REGISTRATION AND INFORMATION FORM

"I have the strength for everything through Him who empowers me"
Phil 4:13

NAME: _____ BIRTHDAY MONTH / YEAR: _____

NAME/NICKNAME YOU WANT ON YOUR NAMETAG: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON # 1: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PERSON #2: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

ALLERGIES: _____

SPECIAL DIET: _____

ANY OTHER DIETARY, MEDICAL OR OTHER NEEDS FOR THE WEEKEND: _____

PARISH: _____