

**RETREAT REGISTRATION FORM**

*(please type or print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Name of Person Who Died \_\_\_\_\_

Date of Death \_\_\_\_\_

Relationship of Loved One to You \_\_\_\_\_

Person I Want to Room With \_\_\_\_\_

Registration Deadline: Ten days prior to the retreat. If you missed this deadline and would like to attend, please call (320) 251-8064.

\_\_\_ Enclosed is my \$15 deposit (non-refundable) or

\_\_\_ Enclosed is my \$85 payment in full for the program listed above

**Please make checks payable to: St. Therese Center**

**Mail to: St. Therese Center**

**2056 -15<sup>th</sup> Avenue SE**

**St. Cloud, MN 56304**