



Retreat Registration Form

LIVE the Faith, LOVE as Christ
LEARN the Faith, LEAD as Christ

Student Current Address

First & Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home # _____ Unlisted?
E-Mail _____
Cell # _____

Student Permanent Address / Emergency Contact

First & Last Name _____
Street Address (If Different) _____
City _____ State _____ Zip _____
E-Mail _____
Cell # _____

Please let us know a little about yourself..

Birthday

Catholic

Baptized

Confirmed

Other

University / College Attending

Current Year

Is there anything in particular that you'd like us to know about you?

Paid:

Paid by:

Paid on: