

**St. Rose of Lima Parish
Christ Renews His Parish
Retreat Registration Form**

Your Name: _____

Your Address: _____ Zip _____

Your email address: _____ Telephone #: _____

Your spouse's Name: _____

Best way to reach your spouse in case of emergency: _____

Date of Retreat You Would Like to Make _____

Allergies to food we should alert the Sisters at Marian Heights about:

Payment: the fee for your meals, residence at Marian Heights and materials for the retreat is \$150.00. Please enclose a check for \$150.00 and give it to the team member who recruited you. Your check should be made out to St. Rose of Lima Parish and on the memo line, please write Christ Renews His Parish Fee.

Please note, if you cannot afford the full fee or any portion of it, please return this form and indicate whether you need a partial or full scholarship.

I need a scholarship in the amount of: _____

Please plan on arriving at Marian Heights between 7:30 and 8:00 AM on the Saturday morning of your retreat weekend. To unpack your car, you can park in the lot behind the gymnasium. Before the formal program begins you will be asked to park your car on the old basketball courts.

Your signature: _____

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Thank you for taking this time to nourish your faith with our Lord.