**REGISTRATION FORM**

**If photocopied, please do not alter the size of this form. Submit this form for registration and confirmation.**

Retreat Desired Retreat Dates

Title \_\_\_\_\_\_\_\_\_\_ Name

 First Last (Religious Initials)

Mailing Address

 Street City State ZIP

Daytime Phone Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation

Church Denomination E-Mail Address

Have you made a directed retreat before at the Spirituality Center? Have you made one elsewhere? \_\_\_\_\_\_\_\_\_\_\_\_

A name and phone # to contact in case of an emergency:

 **YES, I WILL HAVE BEEN FULLY VACCINATED 2 FULL WEEKS BEFORE THE START OF MY RETREAT.**

**initial**

Special Needs? \_\_\_\_\_\_\_\_\_\_\_\_

Deposit Enclosed: $ Make out checks to: Jesuit Spirituality Center, and write the dates of your retreat on the check, please.

Charge my credit / debit card: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_ (circle one:) Visa or MasterCard (circle one:) credit or debit

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ - \_ \_**

 Account Number Security Code Expiration Date

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM AT LEAST ONE WEEK PRIOR TO THE ARRIVAL DATE TO:**

**Jesuit Spirituality Center/ PO Box C/ Grand Coteau, LA 70541-1003**