

**\*\*\*Please print this form and complete all entries.  
Then mail or Fax (charges only) with your suggested  
deposit of \$50.00 to the following address:**

**Our Lady of Florida Spiritual Center  
ATTN: Retreat Coordinator  
1300 U.S. Highway #1  
North Palm Beach, FL 33408  
561-626-1300 - FAX 561-627-3956**

**RETREAT REGISTRATION FORM**

**\*\*\*Please PRINT all information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parish or Group: \_\_\_\_\_

Date of Retreat: \_\_\_\_\_ Have you made a retreat here in the past? \_\_\_\_\_

Retreat Type: Men \_\_\_\_ Women \_\_\_\_ Men & Women \_\_\_\_ Married \_\_\_\_ Other \_\_\_\_\_

Dietary Needs (Vegetarian/Diabetic/Allergies-ONLY) \_\_\_\_\_

Physical/Room Needs \_\_\_\_\_

The Center is accessible to people with moderate physical limitations & limited number of ADA rooms

Are You willing to share a room ( )Yes - With Whom: \_\_\_\_\_ ( )No

**I hereby authorize Our Lady of Florida Spiritual Center to charge my (check one):**

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

EXP. DATE (mm/yy) \_\_\_\_\_/\_\_\_\_\_ NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_ CVV CODE: \_\_\_\_\_

Amount to Charge:\$ \_\_\_\_\_ PLEASE NOTE: If you are charging your expenses or paying by check, you may pay the suggested **registration fee/deposit \$50.00** or the total amount. If your credit card billing address is different from the above, please write it on a separate sheet of paper and include with your form. We will notify you to confirm your reservation.

**Don't forget to include your deposit (or you may pay the full amount now).Thank you!!**

**WE WILL NOTIFY YOU TO CONFIRM YOUR RESERVATION**

**Form is available on our website: [www.ourladyofflorida.org](http://www.ourladyofflorida.org) (2014)**