

*****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 Restrictions (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 _____ C V V 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 (2018)