***Please print this form and complete all entries. Then mail or Fax (charges only) with your 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 B	irth:	//
Address		City		
State: Zip: Phone:()		Cell:()		
E-Mail:	Parish or Group: _			
Date of Retreat:	Have you made a re	treat here in t	the past? _	
Retreat Type: Men Women Me	en & Women	Married	Other_	
Do you have any life-threatening food allerging	es we should know	about?	Yes	_No
Please explain:				
Physical/Room Needs				
The Center is accessible to people with mode	erate physical limita	ntions - We ha	ave only 4	ADA rooms
Room request: I would like to be adjacent to	e: (If Yes) With wh	om:		
Are you willing to share a room? If yes, there	e are 6 double room	ns at the Cent	er. Yes:	No:
I hereby authorize Our Lady of Florida Spiritu	ial Center to charge	my (check on	ie):	
VISAACCOUNT I	NUMBER:			
EXP. DATE (mm/yy)/NAME	ON CARD			
SIGNATURE		C V V	Code:	
Amount to Charge:\$ P by check, you may pay the registration fee/d billing address is different from the above, p with your form. We will notify you to confirm you may pay the full amount now).Thank yo	leposit \$50.00 or th lease write it on a so your reservation. D	e total amour eparate sheet	nt. If your of of paper a	credit card and include