

Retreatant Registration Form

Sts. Peter & Paul Women ACTS Retreat - October 21-24

Place a check mark next to the appropriate box:

(\$50 deposit is required at th			
Please make checks payable to: Sts. Peter & Paul Women's ACTS Retreat catant Information (Please Print Legibly)			
First:	Middle:		Last:
Mailing Address:			
City:		State:	Zip:
Home Phone: ()	-	Cell Phone:	() -
Email:			Referred by:
Age:	Religion:		
Church Parish where you ar	e registered and attend:		
T-Shirt Size (CIRCLE ONE):			
Nickname or Name as you v	want it to appear on your	nam	
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Please complete your registration form and return it to