

Parish Retreat Registration Form (#11)

REGISTRATION FORM

*completion of form required. You may also complete a [paper copy form](#) found on the church website or in the parish office. www.stjosephwaconia.org

* Indicates required question

1. Select Renewal Weekend *

Mark only one oval.

Men's Weekend : February 17-18

Women's Weekend: February 24-25

2. First & Last Name (as you would like it on your name tag) *

3. Parish *

4. Home Address *

Please include City, State & Zip

5. Phone Number (home)

6. Phone Number (work or cell)

7. Age *

8. email address *

Prayer

Prayer is an integral part of the CRHP retreat. We would like to ask your family and/or friends to pray for you during your renewal weekend. Please list those you would like us to contact for prayer. It is important to list all information including Prayer Contact Name, Phone number and Email address so we are able to get in touch with them.

9. #1 Prayer Contact Name, Phone Number, Email address & Relationship *

10. #2 Prayer Contact Name, Phone Number, email address & Relationship *

11. #3 Prayer Contact Name, Phone Number, email address & Relationship *

Emergency Contact

In case of emergency, please provide two names of family or friends:

12. EMERGENCY CONTACT #1 *

13. Relationship *

14. Home Phone

15. Work or Cell

16. EMERGENCY CONTACT #2 *

17. Relationship *

18. Home Phone

19. Work or Cell

20. EMERGENCY CONTACT #3 *

21. Relationship *

22. Home Phone

23. Work or Cell

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