

RETREAT/PROGRAM REGISTRATION FORM

Please print or type. {Check here} if this is a new address.

Name _____

Address _____

City _____ State _____ Zip _____

Primary phone _____

Check type: {home} {work} {cell}

Email address _____

Can we respond to you by email? {yes} {no}

Can you make the stairs without assistance? {yes} {no}

Program Title _____

Program Date _____

If Directed Retreat, do you prefer a female or male spiritual director? {female} {male}

PAYMENT

Your deposit (non-refundable) is required to reserve your place on the retreat/program. Please enclose a check/money order payable to Miramar Retreat Center or Visa or Master Card information.

Morning/Day Program \$15

Guided \$100

Overnight/Weekend \$75

Directed \$100

Visa or Master Card number: _____ Exp: _____

Amount Enclosed \$ _____

Please return this form with your deposit to:

Registrar, Miramar Retreat Center

P.O. Box M

Duxbury, MA 02331

We look forward to hosting you!