



REGISTRATION FORM

Name: _____

Address: _____

City/Province/Postal: _____

Phone Number: _____

E-mail Address: _____

Special Diet Needs: _____

Please consider making a donation to help those who request financial support in order to attend the weekend.



\$25



\$50



Enter amount

\$ _____

The cost of the retreat is \$60, this includes lunch, dinner, and refreshments on Saturday, and all materials.

Payment can be made at the parish office or by e-mail money transfer to jessicadmccomb@gmail.com.

If you cannot afford the registration fee, please contact Jessica at jessicadmccomb@gmail.com.

Schedule:

Friday, May 27:

5:30pm // Registration

6pm-9pm // Session 1

Saturday, May 28:

9:30am // Opening Mass

10am-7pm // Sessions 2, 3, 4