

REGISTRATION FORM - O L R. NEW LIFE RETREAT

Name _____ Approx. Age _____ Telephone _____

Address _____ Parish _____

City _____ State _____ Zip code _____ E-Mail _____

Occupation _____ Work or Cell Phone _____

I've completed: _____ High School _____ College _____ Post graduate

Marital Status _____ No. of Children & ages _____

Religion _____ Religion of Spouse _____

Why do you want to attend the Retreat? _____

What do you hope to gain from this retreat? _____

Why did you choose to attend this retreat? Read in bulletin Other: _____

Invited by _____ Recommended by _____

Have you ever belonged to or participated in a religious group or association?

Yes No Which one(s)? _____

Do you have any physical restrictions or food restrictions we should plan to accomodate? (Be specific) _____

Do you prefer to drink coffee decaf pop water. Other: _____

Any other needs? _____

I understand that I must be in attendance for all parts of the Retreat in order to complete the Retreat.

Signed _____

(signature)

*Those applicants who cannot attend **all** parts of the retreat may not be accepted. Please discuss with **Kathy Klich**, (513) 825-8626, ext 312.

*If a problem arises and you cannot attend **all** of the retreat, please call Kathy **before** the retreat starts, to open a space for another person to attend.

Please copy & complete form & return to: kklich@olr.net or mail to:

Our Lady of the Rosary

17 Farragut Rd.

Cincinnati, Ohio 45218