**REGISTRATION FORM - ST. JOAN OF ARC RETREAT 2020**

**Secular Franciscan Order**





**April 24-26, 2020**

**St. Charles Retreat Center**

 Mail this form with payment to:

Patsy T. Burgess, OFS; Retreat

 2308 Jerlyn Drive; Denham Springs LA 70726

 pthibodeauxofs@gmail.com; 225-907-8248.

**Important Instructions:**

1. Please TYPE or PRINT **all information clearly**.
2. Only one participant per registration form.
3. Payment must accompany this form.
4. Make your check for registration payable to: St. Joan of Arc Region
5. DEADLINE FOR FEES: APRIL 1, 2020 – SORRY, NO REFUNDS AFTER APRIL 1, 2020.
6. Sorry, we cannot accommodate walk-ins.
7. Please do not let finances prevent you from coming to the Retreat; talk to your Minister if a problem.
8. Register as early as possible in order to get the room assignment you desire.
9. If possible, consider sharing your room with another participant. (Each room has 2 single beds.)
10. Only 2 handicapped rooms available.

**PLEASE TYPE OR PRINT CLEARLY (one name per form)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title** **First Name** **Last Name** **(Name on badge if different)**  **OFS, OFM, etc**.

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Address: Street City State Zip Country

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Phone E-mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fraternity City State

**Please Check Applicable**: I am a visitor \_\_\_\_\_An Extraordinary Minister of Communion\_\_\_\_\_Lector\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ONE ROOM/ATTENDANCE TYPE**

**TYPE COST COMMENTS ROOMMATE NAME FRATERNITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **\_\_\_\_** **PRIVATE** | $235 | *Everything provided except* *personal articles.* | n/a | n/a |
| **\_\_\_\_** **SHARED** | $205 | *Everything provided except**Personal articles.* | Name: | Name: |
|   **DREXEL****\_\_\_\_** **DORM** | $155 | *Bring own linens, Pillow, personal articles, toiletries.* | n/a | n/a |
|  **DAY TIME****\_\_\_\_ ONLY**  | $105 | *Commuters. Includes meals &**events. Friday-Sunday.* | n/a | n/a |
|  **SATURDAY****\_\_\_\_** **ONLY****\_\_\_\_ HANDICAP** | $70 | *Includes meals and events, Saturday only.**Only 2 available.* | n/an/a | n/an/a |

**DIETARY NEEDS (DOCTOR PRESCRIBED)**

Gluten Free\_\_\_\_\_Dairy Free\_\_\_\_\_Egg Free\_\_\_\_\_Other (explain in detail; use back side if needed) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

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