

FALL RETREAT REGISTRATION FORM

October 12- 14, 2007

Name _____ Preferred First Name _____ Male / Female (circle one)

Local Mailing Address: _____

City, State, Zip Code: _____

Phone (landline): _____ Cell: _____

E-mail address: _____

Religious Affiliation _____ Year/Major _____

Special needs (medical, dietary, etc) _____

Can you drive? _____ If so, how many comfortably? _____

Family Contact: _____ Relationship: _____

Address: _____

Daytime phone number: _____ Evening phone: _____

E-mail address: _____

Please describe (briefly) your retreat experience. What retreat experience do you have? Have you ever made any retreat before? Have you made a Kairos (or Search, or Encounter) retreat? Did your high school, parish or youth group offer this retreat? If yes, what is the name of that organization?

How did you learn about the Fall Retreat at UDM?

What do you hope to gain from this retreat? (please answer on back of this sheet)

The cost of this retreat is \$40 (some scholarships are available; do not let finances prevent you from attending!)

Questions? Contact S. Beth Finster at finsteba@udmercy.edu or 993-1560

**PLEASE RETURN THIS APPLICATION TO THE UNIVERSITY MINISTRY OFFICE
BY FRIDAY, OCTOBER 5, NO LATER THAN 4:30 P.M.**