

Marianist National Retreat Commission
Office of Religious Life
4425 West Pine Blvd.
St. Louis, MO 63108-2301

Retreats

2005



Registration Form

Name

Address

City

State

Zip

Telephone

E-mail

Retreat Choices:

First choice: _____

Second choice: _____

Any special concerns, i.e. diet, room needs, etc.

Are you willing to serve as: (please check)

Celebrant of Eucharist

Reader

Prayer Leader: Morning Evening

Please check here if you would like to request financial assistance for travel

If you would like to make a non-Marianist retreat, please provide information below:

Place _____

Date _____ Cost _____