

June 9-17 ~ Directed Retreat
8 Day Retreat
Registration Form

Name: _____
Address: _____
Phone: _____
Email: _____

First Choice for Director: _____
Second Choice for Director: _____
No Preference for Director: _____

Special Needs (easy access to elevator/rest room; bed board, etc.): _____

COST: 8-Days \$475 SC's \$450
Nonrefundable \$25 deposit enclosed _____
(Applied to total cost)
Complete amount enclosed \$ _____
Check payable to: Sisters of Charity
Check if new address _____

Send registration with deposit to:
Sisters of Charity Spirituality Center
5900 Delhi Road
Mount St. Joseph, OH 45051
_____ Please send directions with confirmation

August 6-14 ~ Directed Retreat
8 Day Retreat
Registration Form

Name: _____
Address: _____
Phone: _____
Email: _____

First Choice for Director: _____
Second Choice for Director: _____
No Preference for Director: _____

Special Needs (easy access to elevator/rest room; bed board, etc.): _____

COST: 8-Days \$475 SC's \$450
Nonrefundable \$25 deposit enclosed _____
(Applied to total cost)
Complete amount enclosed \$ _____
Check payable to: Sisters of Charity
Check if new address _____

Send registration with deposit to:
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5900 Delhi Road
Mount St. Joseph, OH 45051
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Conference Retreats
Registration Form

Name: _____
Address: _____
Phone: _____
Email: _____

Please check the retreat you will be attending:
_____ Traits of a Healthy Spirituality
June 11-17 ~ Melannie Svoboda, SND
_____ A Retreat on Forgiveness
August 8-14 ~ Fr. Norman Langenbrunner

Special Needs (easy access to elevator/rest room; bed board, etc.): _____

COST: 6-Days \$375 SC's \$350
Nonrefundable \$25 deposit enclosed _____
(Applied to total cost)
Complete amount enclosed \$ _____
Check payable to: Sisters of Charity
Check if new address _____

Send registration with deposit to:
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5900 Delhi Road
Mount St. Joseph, OH 45051
_____ Please send directions with confirmation