

**Bedford Directed Retreat
Registration Form**

Name: _____

Address: _____

Phone: _____

Email: _____

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

COST: 6-Days \$400 SC's \$375

Nonrefundable \$25 Deposit Enclosed _____

(Applied to total cost.)

Complete Amount Enclosed \$ _____

Check if new address _____

Send registration with deposit to:

**Sisters of Charity Spirituality Center
5900 Delhi Rd.
Mount St. Joseph, OH 45051-1500**

Please send a map with directions: _____

**Mount St. Joseph Directed Retreat
Registration Form**

Name: _____

Address: _____

Phone: _____

Email: _____

First Choice for Director:

Second Choice for Director:

No Preference: _____ Dates: _____

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

COST: 8-Days \$475 SC's \$450

Nonrefundable \$25 Deposit Enclosed _____

(Applied to total cost.)

Complete Amount Enclosed \$ _____

Check if new address _____

Send registration form with deposit to:

**Sisters of Charity Spirituality Center
5900 Delhi Rd.
Mount St. Joseph, OH 45051-1500**

Please send a map with directions: _____

Conference Retreat Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

**Please check the conference retreat you will
be attending:**

___ Jesus and Women of the Gospel (Bedford)

___ Lift Up Your Heart: A Retreat with the Psalms
(Mount St. Joseph—June)

___ Prophets of Hope in Difficult Times
(Mount St. Joseph—August)

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

COST: 6-Days \$375 SC's \$350

Nonrefundable \$25 Deposit Enclosed _____

(Applied to total cost.)

Complete Amount Enclosed \$ _____

Check if new address _____

Send registration with deposit to:

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5900 Delhi Rd.
Mount St. Joseph, OH 45051-1500**

Please send a map with directions: _____