Holy Name Passionist Retreat Center

The Passionists *of* Holy Cross Province
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430 Bunker Hill Road, Houston, TX, 77024
www.passionist.org/holyname

12 STEP WEEKEND RETREAT REGISTRATION FORM

(Please select a Weekend Retreat) **Today's Date:___/___/_____**

❒ *for Women in Recovery from Alcoholism* ❒ *for Men in Recovery from Alcoholism*

❒ *for Women & Men in Al-Anon Programs and/or in recovery from Alchoholism*

❒ *for Al-Anon Women* ❒ *for HOW/OA* ❒ for GA ❒ *for SLAA Men*

Please reserve a place for me for the above Retreat, beginning Friday evening, ___/___/_____.

*Please print all information. *Required field.*

***Name**_____

***Address**_____

***City**_____ ***State**_____ ***Zip**_____

***Home Phone**_____ **Work**_____ **Cell**_____

Program _____ **Program Birthday** ___/___/_____ **E-mail**_____

❒ Enclosed is my ***non-refundable***, ***non-transferable*** **Retreat Offering of __ $180**

or __ $165 *Senior Rate* *for those 65 yrs and older*.

I understand that I have a **reserved space** for the above retreat weekend and that I have an obligation to *immediately inform the Retreat Center if I must cancel my reservation* to allow someone else to attend in my place. *I also understand that refunds are made only if I call to cancel by noon Wednesday before my retreat weekend.*

Limited Financial aid is availabe for those in need – call the Retreat Center and ask for more information.

❒ I wish to attend the retreat but am *unable* to *include* my Retreat Offering fee at this time.

❒ I am willing to "double" with another person in a room if necessary.

A Confirmation letter and further information will be mailed upon receipt of this registration.

Please make checks payble to "Holy Name Passionist Retreat Center."
If paying by credit card, please fill out Name & Address information of cardholder if different from above.

*Name*_____

*Address*_____

*City*_____*State*_____ *Zip*_____

Visa __ MC__ Disc__ AmEx __ *Exp Date* __ __/__ __ ***My Retreat Offering*:** $_____

**Please add an extra donation to support someone else with financial assistance.* $_____

Total Charge: $_____

*Credit Card #:*__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ *Security Code:*_____

Authorized Signature_____ Date: ___/___/_____