



PAPER REGISTRATION

LA SALETTE RETREAT CENTER

Registration Form

TODAY'S DATE

IF YOU DO NOT WISH TO REGISTER ONLINE YOU MAY FILL OUT A PAPER FORM. DEPOSIT OR PAYMENT DUE WITH THE FORM.

/ /

Full Name :

Name of Program

Date of Program / /

Email :

Phone :

ADDRESS

Present Address :

The City : State : Zip Code :

PAYMENT INFORMATION

I will make a deposit of \$150 (non refundable within 2 weeks of retreat date)
Final payment due on arrival

I will pay in full (non refundable within 2 weeks of retreat date.)

Amount enclosed \$ _____ . _____ Check # _____

+++++OFFICE ONLY+++++

_DATE RECEIVED _____ AMOUNT _____ REFUND DATE: _____

MAKE CHECKS TO **LA SALETTE RETREAT CENTER**

La Salette Retreat Center, Attleboro, MA 02703

P: 508-222-8530

E: office@lasaletteretreatcenter.org