

**First time  
attending?**  
Get 25% off!

DATE RECEIVED BY CHC: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_

**CHURCH OF THE HOLY COMFORTER**  
**SHRINE MONT PARISH RETREAT REGISTRATION**

September 8–10, 2017

Total cost per person (includes meals, room, and a great time):

|                           | <b>First Time Attending</b> | <b>Scholarship Contribution:</b>                               |
|---------------------------|-----------------------------|----------------------------------------------------------------|
| Persons 19 and older..... | <b>\$180</b> ..... \$135    | <input type="checkbox"/> \$_____ <input type="checkbox"/> \$50 |
| Persons 13–18 .....       | <b>\$130</b> ..... \$97     | <input type="checkbox"/> \$100 <input type="checkbox"/> \$25   |
| Persons 8–12 .....        | <b>\$105</b> ..... \$79     | <input type="checkbox"/> \$75                                  |
| Persons 4–7 .....         | <b>\$85</b> ..... \$64      |                                                                |
| Persons 0–3 .....         | <b>\$30</b> ..... \$22      |                                                                |

The retreat begins on Friday evening (casual supper in the Rec. Hall) and ends with lunch on Sunday. Space is limited! ***A non-refundable fee of \$20 per person*** is due with this registration form to hold your place for the weekend. The remaining balance ***must be paid in full by Sunday, September 3.*** Your registration is not complete without your deposit. Please make checks payable to Church of the Holy Comforter with Shrine Mont Parish Retreat in the memo line. **(Financial Aid Available)**

**Adults 19 and up:**

| <b>First AND Last Name</b> | <b>Cost</b> | <b>Deposit</b> | <b>Balance</b> |
|----------------------------|-------------|----------------|----------------|
| 1. _____                   | _____       | _____          | _____          |
| 2. _____                   | _____       | _____          | _____          |
| 3. _____                   | _____       | _____          | _____          |
| 4. _____                   | _____       | _____          | _____          |

**Children:**

| <b>First AND Last Name</b> | <b>Age</b> | <b>Cost</b> | <b>Deposit</b> | <b>Balance</b> |
|----------------------------|------------|-------------|----------------|----------------|
| 1. _____                   | _____      | _____       | _____          | _____          |
| 2. _____                   | _____      | _____       | _____          | _____          |
| 3. _____                   | _____      | _____       | _____          | _____          |
| 4. _____                   | _____      | _____       | _____          | _____          |

**Totals** \_\_\_\_\_

Address \_\_\_\_\_

☐ My child(ren) 0–4 years will use the provided nursery care during the Saturday morning and early afternoon sessions.

Phone # \_\_\_\_\_

☐ Prefer a quiet house

Email \_\_\_\_\_

☐ Prefer an alcohol-free house

Special Needs: \_\_\_\_\_