



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):

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

First AND Last Name	Cost	Deposit	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Children:

First AND Last Name	Age	Cost	Deposit	Balance
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: _____