

LAST NAME: _____



2019 Shrine Mont Parish Retreat

"We are the Church: These are Our Stories"

Friday, May 31st-Sunday, June 2nd

Name: _____

Address: _____

Street

City

Zip

Preferred Phone: _____ Email: _____

Names and ages of attendees (please indicate if this is someone's first time at a Parish Retreat)

Special needs including dietary: _____

Anything else that we need to know? _____

Cost: (Prices are PER PERSON and PER WEEKEND. This include meals for each day)
Payment can be made via cash, check, or online with credit card.

Description	Cost	#	TOTAL COST
FAMILY CAP	\$275/ Family		\$
Adult Double Occupancy	\$120/Person		\$
Adult Single Occupancy	\$150/ Person		\$
Children 4-11	\$40/ Child		\$
Children 3 and Under	No Charge		\$
Donation to help sponsor someone else to attend the Parish Retreat			\$
TOTAL AMOUNT ENCLOSED			\$

Do you need **scholarship assistance**? Please e-mail Keli Shipley Cooper
(This remains confidential) at kshipleycooper@stpaulsrva.org

Registration is due by **Wednesday, May 8th**

NO refunds after May 8th as payments due from St. Paul's to Shrine Mont are non-refundable.

Please return with payment to St. Paul's Episcopal Church, Attn: Parish Retreat, 815 E. Grace Street, Richmond, VA 23219. Make checks payable to St. Paul's, noting "Parish Retreat" in the memo line.

Return electronic versions to kshipleycooper@stpaulsrva.org