



DATE RECEIVED BY CHC: _____

REGISTRATION NO: _____

CHURCH OF THE HOLY COMFORTER
SHRINE MONT PARISH RETREAT REGISTRATION
 September 11–13, 2015

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 6*. 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) 0–3 years will use the provided nursery care during the Saturday morning and early afternoon sessions.

Phone # _____

Prefer a quiet house

Email _____

Special Needs: _____