

Special Needs:

Holy Comforter at Shrine Mont 2024

	September 6–8, 2024			attending attending		
				attending of Get 25% of	m_i	
		Total cost per person		Q.		
	(include	es meals, room, and a great time	ie).			
	(1101010)	os mours, room, una a grout un	First Time A	ttonding	Scholarship	
	P 10 1 11 (G: 1 D) 0210			Scholarship Contribution:	
		Single Room) \$210		-		
		Double Room) \$180 \$100]\$	
		\$100 \$80			\$100 🗆 \$25	
		free			1 \$75	
	1 CISOIIS 0—3	Family cap at \$500!	1100		J \$15	
		• •				
refundable fee of must be paid in payable to Churc	of \$20 per person is due with full by Sunday, Septembe ch of the Holy Comforter with the second seco	supper in the Rec. Hall) and end this registration form to hold to the support of the Shrine Mont Parish Retreat at - Shrine Mont 2024" from the	your place for the omplete without in the memo line	e weekend. The rea your deposit. Plea . You can also pay	maining balance se make checks online at <u>bit.ly</u>	
Adults 19 and First AND La			Cost	Deposit	Balance	
1.						
Children:						
First AND La	st Name	Age	Cost	Deposit	Balance	
1.						
4						
		Totals				
Address			I am in need of nursery care for my child(ren) 0–4 years during the Saturday morning session <i>NOTE: This will be provided if there is sufficient demand.</i>			
Phone #			Prefer a qu	uiet house		
Email			Prefer an alcohol-free house			

DATE RECEIVED BY CHC: _____ REGISTRATION NO: _____