



Holy Name Passionist Retreat Center

The Passionists of Holy Cross Province
tel 713 464 0211 fax 713 464 0671

430 Bunker Hill Road, Houston, TX, 77024
www.passionist.org/holyname

CATHOLIC WEEKEND RETREAT REGISTRATION FORM

Please select a Weekend Retreat or Day of Reflection:

- Catholic Men's Retreat Catholic Women's Retreat Married Couples Young Adult Retreat Day of Reflection

Please reserve a place for me for the above Retreat or Day of Reflection on ___/___/___

Please print all information. *Required field.

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

Parish/Group _____

*Home Phone _____ Work _____ Cell _____

Occupation _____ E-mail _____

- Enclosed is my **\$50.00** non-refundable, non-transferable **registration fee**.
I realize that this registration fee applies to the total suggested offering to be paid at the closing of the retreat weekend.

The suggested retreat offerings are as follows:

Catholic Men's & Women's Retreat:	\$210	Senior Rate for those 65 and older:	\$195
Married Couples:	\$350	Young Adults:	\$140
Day of Reflection	\$40		

I understand that I have a **reserved space** for the above retreat weekend and that I have an obligation to immediately inform the Retreat Center if I must cancel my reservation so someone else may attend in my place.

- I wish to attend the retreat but am *unable to include* my registration fee at this time.

A Confirmation letter and further information will be mailed upon receipt of this registration.

Please make checks payable to "Holy Name Passionist Retreat Center."

If paying by credit card, please fill out Name & Address information of cardholder if different from above.

Name _____

Address _____

City _____ State _____ Zip _____

Visa ___ MC ___ Disc ___ AmEx ___ Exp Date ___/___/___ **My Retreat Registration Fee:** \$ _____

Suggested offering: \$210 (\$195 Seniors) \$50 deposit applies to full cost of retreat

Day of Reflection \$40

*Please add an extra donation to support someone else with financial assistance. \$ _____

Total Charge: \$ _____

Credit Card #: _____ Security Code: _____

Authorized Signature _____ Date: ___/___/___