



# Holy Name Passionist Retreat Center

The Passionists of Holy Cross Province  
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[www.passionist.org/holyname](http://www.passionist.org/holyname)

## CATHOLIC WEEKEND RETREAT REGISTRATION FORM

(Please select a Weekend Retreat)

Today's Date: \_\_/\_\_/\_\_\_\_

- Catholic Men's Retreat  Catholic Women's Retreat  Married Couples  Young Adult Retreat

Please reserve a place for me for the above Retreat, beginning Friday evening, \_\_/\_\_/\_\_\_\_.

Please print all information. \*Required field.

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Parish/Group \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

- Enclosed is my **\$40.00** 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:

<b>Catholic Men's &amp; Women's Retreat:</b>	<b>\$200;</b>	<b>Senior Rate for those 65 and older:</b>	<b>\$185;</b>
<b>Married Couples:</b>	<b>\$330;</b>	<b>Young Adults:</b>	<b>\$135.</b>

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.  
 I am willing to "double" with another person in a room if necessary.

**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:** \$ \_\_\_\_\_

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

**Total Charge:** \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_