Re-Treat Yourself
Registration Form

Name:_____
Last First Middle

Address:_____
Number & Street City State Zip

Phone:_____(home) _____(cell)

Email:_____

Food Allergies:_____

To join the retreat, complete this registration form and return it to the rectory at St. Mary's, 811 West 23rd Street, Bellevue, NE 68005.

Office Use Only:
Date Received:_____
February 2018 Retreat