

REGISTRATION REQUEST

Name _____ Male () Female ()

Address _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone: (Home) _____ (Work) _____

Program Desired _____

Date of Program _____

Please send me an application for: ___ Directed Retreat ___ Guided Retreat ___ Day of Prayer

Applications may also be downloaded from our website at www.campioncenter.org

*Please make checks payable to **Campion Center Conference & Renewal**. Deposits are non-refundable and non-transferable. Reservations for all retreats, days of prayer/reflection and other programs must be made at least one week before the start of the program. Prices for all programs, while current at the time of printing, are subject to change without notice.*

_____ Please add me to your mailing list.

I would like to receive the Jesuit Magazine () YES () NO

Please accept my enclosed contribution of _____ to help support the work of Campion Center