Registration Form CRHP Spiritual Renewal Weekend Women's Weekend: January 21-22, 2017

Your Name	
Address	
City-ST/Zip	
Phone/Cell	
Email	

MANDATORY INFORMATION FOR EMERGENCY/INSURANCE PURPOSES

Please provide contact information for <u>at least two</u> (2) family members or friends below. If you have more than two names, write them on the back.

Name 1	
Relationship	
Home Phone	
Cell Phone	
Email Address	
-	

Name 2	
Relationship	
Home Phone	
Cell Phone	
Email Address	

Do you have any special needs to make your weekend experience more comfortable? (Such as transportation, special diet, handicap accessibilities, etc.)

My 1 st need:	
My 2 nd need:	
My 3 rd need:	

Questions? Karen Sutkus at <u>ksutkus1@comcast.net</u>, 630-279-3240 or 630-935-1153 or Renee Rodriguez (Lay Director) at 630-247-7623 or reneemrjra@aol.com



\$25 suggested donation to help offset costs is included with this form

Cannot afford a donation at this time but will attend the weekend

Return this form in the box in the back of Church or by mailing it to: Mary Queen of Heaven, Attn: CRHP, 426 N. West Ave, Elmhurst, IL 60126