

Registration Form

First Name _____

Last Name _____

Address _____ City _____

State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Nonrefundable \$50.00 deposit enclosed? Yes _____ No _____

Total Amount of \$600.00 enclosed? Yes _____ No _____

Select Retreat Director

Please select your 1st, 2nd, and 3rd choice for Director

Charlette Hoefer, OP 1st _____ 2nd _____ 3rd _____

Carol Johannes, OP _____ 1st _____ 2nd _____ 3rd _____

Rev. Vic Clore 1st _____ 2nd _____ 3rd _____

Faith Offman 1st _____ 2nd _____ 3rd _____

Rev. Anita Smith Buckwalter 1st _____ 2nd _____ 3rd _____

Please Print and Complete Form

Right click mouse button>click on print

Mail Form and Deposit to:

Sr. Adrienne Schaffer, OP

Director@dominicancenter.org

Dominican Center: Spirituality for Mission

29000 West Eleven Mile Farmington Hills, MI 48336

248-536-3142