

Retreat Registration Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Cell Phone # _____

Email _____

Nonrefundable \$50.00 deposit enclosed? Yes _____ No _____

Total Amount enclosed? Yes _____ No _____

Retreat Director Selection

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

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

Charlotte Hoefler, OP 1st ___ 2nd ___ 3rd ___

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

Ms. Faith Offman 1st ___ 2nd ___ 3rd ___

Ms. Anita Smith-Buckwalter 1st ___ 2nd ___ 3rd ___

Please Print and Complete Form

Right click mouse button > click on print

Mail Form and Deposit to
Dominican Center: Spirituality for Mission
29000 West Eleven Mile
Farmington Hills, MI 48336