

# Christ Renews His Parish Registration

Saint Michael's Roman Catholic Church  
4491 Springfield Rd., Glen Allen, VA 23060  
(804) 527-1037

Print this for out and return to the church office to register for the selected Christ Renews His Parish retreat.

Retreat Date Desired:  Men's Weekend: August 14<sup>th</sup> and 15<sup>th</sup>, 2010  
 Women's Weekend: August 21<sup>st</sup> and 22<sup>nd</sup>, 2010

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nick Name (for nametag): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a registered parishioner?  Yes  No

Do you have any food allergies, special hotel room preferences, or any other special needs?  No  Yes (please indicate below)

Questions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information:

First and Last Name: \_\_\_\_\_

Relationship (spouse, child, etc.): \_\_\_\_\_

Emergency Home Phone Number: \_\_\_\_\_

Emergency Work Phone Number: \_\_\_\_\_

Emergency Cell Phone Number: \_\_\_\_\_