

Advent Parish Staff Retreat Registration Form

Email completed form to wdye@diocesephoenix.org or fax (602) 354-2460

Registration ends Dec 1st, 2009

I) Contact Information:

First Name:	Last Name:
Title:	Parish:
Telephone:	Email:

II) Participants: Please give us the names of those who will be attending the Retreat (If you do not know the names but wish to register a group go to step III)

Ex: Jane Catechist Position: Receptionist Check box if Spanish is preferred

#1: Position:

#2: Position:

#3: Position:

#4: Position:

#5: Position:

#6: Position:

#7: Position:

#8: Position:

#9: Position:

#10: Position:

For additional participants see step V.

III) Total Participants attending (including yourself): x \$15 =

IV) Payment Instructions: Please submit a check for the Total Due to:

Diocese of Phoenix
Department of Family Catechesis
400 Monroe, Phoenix AZ 85004

*Registration will not be processed until payment is received. Please note that we have limited space. There will be no onsite registrations. You will receive an email to confirm your registration and payment were received.

V) Additional participants: Please include these participants in the number of Total Participants

#11: Position:

#12: Position:

#13: Position:

#14: Position:

#15: Position:

#16: Position:

#17: Position:

#18: Position:

#19: Position:

#20: Position:

For Office Use Only

Date Registration Received: ___/___/___

Date Payment Received: ___/___/___ Time: _____ Check # _____ Amount: _____

Confirmation email sent: _____ Date: ___/___/___