



ALUMNI KNIGHTS IN CHRIST RETREAT

RETREAT REGISTRATION & INFORMATION FORM

(Please Print)

Today's date:

RETREATANT INFORMATION

Last name:	First:	Middle:	Birthday: (Month/Day)
------------	--------	---------	-----------------------

Name as you want it to appear on your nametag:

Street address:	Cell Phone no.: ()	Home phone no.: ()
-----------------	---------------------------	---------------------------

P.O. box:	City:	State:	ZIP Code:
-----------	-------	--------	-----------

Emergency Contact #1	Relationship:	Emergency Contact Phone no.: ()
----------------------	---------------	--

Emergency Contact #2	Relationship:	Emergency Contact Phone no.: ()
----------------------	---------------	--

OTHER INFORMATION

Allergies:	Special Diet :	Any other dietary, medical or other needs for the weekend:	Who invited you to this retreat?
------------	----------------	--	----------------------------------