**2016 SILENT RETREAT REGISTRATION**

**Registration Deadline: Saturday, October 15, 2016**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PREFERRED ALERNATE

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***The Moye Center requires this information***

**EMERGENCY CONTACT**

 ***for every retreatant. The Retreat Society***

***keeps it confidential and uses it only for this retreat.***

PERSON TO CONTACT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your age \_\_\_\_\_\_ ***(In the event that emergency assistance were to be needed)***

**ROOM PREFERENCE – PLEASE CHECK ONE**

\_\_\_\_\_Single Room \_\_\_\_\_ Double Room

 Roommate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL NEEDS**

***The Moye Center and the Retreat Society Steering Committee would like for your retreat experience to be as comfortable as possible. Please be specific about your mobility needs and/or dietary requirements that we can address.***

**MOBILITY NEEDS** (walking, stairs, and seating)

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**DIETARY NEEDS** (to give to Moye staff preparing our meals)

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**WOULD YOU BE WILLING TO… ?**

 **Please check all that apply**

Help prepare the altar and Chapel for Eucharists? 

Read lessons at Morning Prayer? Evening Prayer? 

Read lessons at Eucharists?  Eucharistic Minister? 

Lead Prayers of the People? 

**PRAYER REQUESTS**

***Please let us know of prayer requests you would like the Steering Committee to add to our intercessions as we prepare for this retreat.***

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**TO COMPLETE YOUR REGISTRATION**

**Please mail your $100 deposit or the full Retreat Fee ($210)**

***no later than October 15* , 2016, to:**

Retreat Society, Diocese of West Texas

c/o Rilda Baker

314 Pershing Avenue,

San Antonio, TX 78209-6604

***Checks payable to Retreat Society, Diocese of West Texas (DWTX)***