



**HAIL, MARY,
FULL OF GRACE**

A Catholic Retreat for Women
Malvern, PA Oct. 8-10, 2010

**2010 RETREAT
REGISTRATION FORM**

To register, please complete entire registration form with payment details and send to:
Women's Retreat, Jesus the Divine Word, 885 Cox Rd., Huntingtown, MD 20639

Please check any options that apply to you:

Last Name: _____
First Name: _____
Address: _____
City/Zip: _____
Home phone: _____
Cell Phone: _____
Parish: _____
E-mail (required): _____

| | |
|---|--|
| Coach Bus Transportation (\$50add'l) <small>(pick-up and drop-off at JDW only)</small> | |
| Handicap room: | |
| Nursing infant (under 6 mos): | |
| Need assistance with luggage: | |
| Special dietary or other needs: | |
| Room request (list max. of 2 people you would like to be near, if possible): | |

THE TOTAL RETREAT COST IS \$256 (with bus); \$206 (without bus)

PAYMENT IN FULL IS REQUIRED AT REGISTRATION

____ Check if you need financial assistance; indicate the amount you are able to pay: \$ _____.

Note: Limited scholarships are available; priority will be given to parishioners of Jesus the Divine Word.

PAYMENT OPTIONS:

(1A) ___ Credit Card Payment to Malvern (\$ 192)

Credit Card: ___ Visa ___ Mastercard

Account # _____ Exp. Date _____

Account Holder Name _____

I authorize Malvern Retreat Center to charge **\$192** to my account.

Authorized Signature _____

PLUS

(1B) ___ Check payable to JDW (___ \$ 64 with bus; ___ \$ 14 without bus)

Please include check with registration.

OR

(2) ___ Check Payable to JDW (___ \$ 256 with bus; ___ \$ 206 without bus)

Please include check with registration.

(OFFICE USE ONLY:)

PAYMENT REC'D: DATE: _____ CHECK # _____ AMOUNT: _____ INIT. _____