**Medical and Dietary Requirements** (if any):

Requirements; *Please list and describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name:
Address:

City, State, Zip:

Phone:

**Active Priests**

**Registrations can be mailed in to the address above or by calling the retreat center directly at 262-567-6900.**

**Include fee:** $550.00 payable to Redemptorist Retreat Center

 \_\_\_\_\_ Require Handicap Accessible Room (*Note: There is an elevator to the second floor)* \_\_\_\_\_ Require First Floor Room

**Payment Preference:**

 \_\_\_\_\_ I would like to pay by credit card (Retreat Center will contact you)

**Senior Priests**

**Please contact Nancy Kerns to register at (414) 769-3594 /** **kernsn@archmil.org****.**

**DO NOT CONTACT the center to register.**

**REGISTRATION FORM**

2025 ANNUAL PRIEST RETREAT

Registration Due Prior to:

September 26, 2025

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Redemptorist Retreat Center

1800 N. Timber Trail Lane

Oconomowoc, WI 53066-4897