

Rachel's Vineyard Retreat Registration

September 14-16, 2018



Full Name _____

Address _____
Street City State Zip

Contact Phone* (_____) _____ Alternate Phone (_____) _____

◆ Note: You will be contacted to finalize registration details and to answer any questions you may have.

Check here if attending with your spouse or support person. Name _____

Dietary or physical restrictions (if any)

Make check payable to Diocese of Gary
and mail with registration form to:

Cost:

_____ \$150 per person/couple

_____ \$25 Refundable deposit per person

_____ Partial fee with request for assistance

Rachel's Vineyard Retreat
c/o Rosanne Kouris
7723 W. State Road 2
La Porte, IN 46350

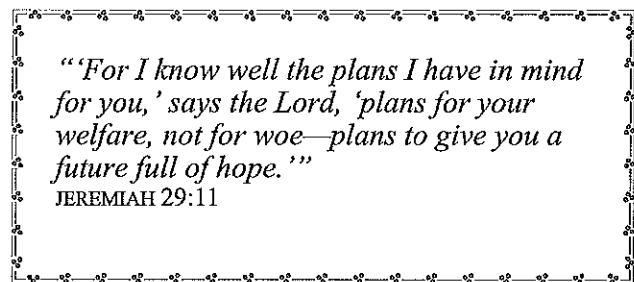


Retreat begins : Friday at 6:00pm

Retreat ends: Sunday by 3:00pm

Location:

Valparaiso, IN



Sponsored by

Office of Pro-Life Diocese of Gary, IN

For more information:

call Rosanne Kouris 219-769-9292 ex 259

Or email: rkouris@dcgary.org

Group size is limited. All inquiries confidential.