

Saint Rose Philippine Duchesne Parish Retreat at Pallottine Retreat Center

February 15th – 16th, 2019

Saint Rose Philippine Duchesne is pleased to present the First Parish Retreat, sponsored by our ACTS Alumni. Open to all adults who have a need for a retreat. This parish-based retreat offers the opportunity to refresh our spirituality and prayer life, strengthen our faith and its application in our daily life, and build lasting friendships among members of the parish community. This retreat will be presented by Father Thomas Wyrsh, Father Paul Niemann, and Father John Nickolai.

The retreat begins Friday evening with check-in at 5:00-5:30pm at Pallottine Renewal Center with dinner being served at 6:00pm. The retreat ends Saturday with Mass at 5:00pm at St Rose Philippine Duchesne.

Cost for each retreatant is **\$98.00 per person for a double room or \$113.00 for a single room.** This price includes room plus 3 meals. If you choose to return home to sleep, the cost will be \$50.00 for the retreat and meals. **PLEASE NOTE: In the event of financial difficulties, please add a note to the pastor on this form.** For further information regarding the retreat or if you have any questions, please contact:

<i>Fr. Tom Wyrsh</i>	<i>Peggy Baker</i>	<i>Steve Gantner</i>
<i>314-837-3410</i>	<i>314- 323-5694</i>	<i>314- 838-3794</i>
<i>Connie Hartwell</i>	<i>Tom or Teresa Stone</i>	
<i>314- 494-4130</i>	<i>314- 830-4884</i>	

Please complete this form in its entirety and submit with your retreat fee payable to:

St. Rose Philippine Duchesne Church
in the memo section: "*Parish Retreat.*"

Send to: St. Rose Philippine Duchesne Church,
Attn: Parish Retreat, 1210 Paddock Dr. Florissant MO, 63033

<input type="checkbox"/> Double Room \$98	<input type="checkbox"/> Single Room \$113	<input type="checkbox"/> Retreat & Meals Only \$50
(Please select one)		

Information & Registration Form

Name: _____

E-mail: _____

Name as you would like it on your name tag: _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Dietary Restrictions please specify: _____

Medical needs / Physical restrictions (ex. Assistance with medical care needed, difficulty with stairs or walking, etc.) please specify: _____

Emergency Contact Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Family / Closest Friend: _____

(Other than Emergency Contact Above)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

I am a member of: _____ Parish

For Office Use: Deposit Amt. \$ _____ Check Date: _____ Check # _____