

Individual Retreat Registration for The Priory Spirituality Center

500 College St. NE + Lacey, WA + 98516
360.438.2595 spiritualityctr@stplacid.org www.stplacid.org

Arriving: Day _____ Month _____ Date _____ Time _____

Departing: Day _____ Month _____ Date _____ Time _____

We suggest \$45-\$65 sliding scale per night.

NAME _____

ADDRESS _____

CITY _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ CELL PHONE _____

△ Is this your first retreat at the Center? Yes ___ No ___ △ If it is, staff will give you a tour.

△ If you have been here before, would you like a refresher tour? Yes ___ No ___

△ Meals with Sisters? ___ **or** △ Meals in Silence? ___

△ Special Food or Physical Needs? Please note:

No pets, please; service animals only

Spiritual Direction: Sliding Scale of \$35 - \$60

Spiritual Direction desired? _____ Number of times? _____

If you would like a particular director, please indicate name:

See our website for descriptions of directors:

<http://www.stplacid.org/spirituality-center/spiritual-directors/>

Please mail **retreat deposit check**
made out to:

The Priory Spirituality Center
along with **registration form** to

The Priory Spirituality Center
500 College St NE
Lacey, WA 98516-5339

Emergency Contact Information:

Name _____ Tel. Number _____

Relationship _____

How did you hear about retreats at the Priory Spirituality Center?

Office Use:

Deposit Requested \$25

Deposit Received \$ _____

Confirmation sent? _____

Sister Guest? _____

Registration taken by _____ **Date** _____