

Carmelite Spiritual Center Registration
Fall & Christmas Season 2009 Programs

Please register me for:

Name _____

Phone (home) _____ Phone (work) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Deposits (\$75 per retreat, \$15/workshop) are due at time of registration. Balance payable upon arrival.

My non-refundable deposit of \$ _____ is enclosed.

Any special diet requests (vegetarian, etc.) _____

Make checks payable to: Carmelite Spiritual Center, 8433 Bailey Road, Darien, Illinois 60561

Not ready to register yet?

For more information, write or call the Center: 630/969-4141; Fax: 630/969-3376 email: CSCRetreat@aol.com Be sure to visit our website www.carmelitespiritualcenter.org