

HNC Family Retreat Application
Please return to Terri Lensenmayer with check or cash by Sunday, May 7.
(You can hand it to me at church or put it in my mailbox in the parish house.)

Name _____

Contact Email _____

_____ I am attending alone. I have enclosed \$65.

_____ I am attending with other family members. Their names are:

I have enclosed _____ as payment. (Remember, children under 5 do not pay to attend.)

_____ I am only attending the Friday Night Dinner. I am attending alone. I have enclosed \$10.

_____ I am attending with other family members. Their names are:

I have enclosed _____ as payment. Remember, children under 5 do not pay to attend.)

I, and other attending members in my party, have the following food allergies:

I, and other members of my party, have the following physical limitations: (walking long distances, running, etc.)

Please direct any questions to Terri Lensenmayer, familens904@cox.net. 757-532-1084