



# Holy Name Passionist Retreat Center

The Passionists of Holy Cross Province  
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430 Bunker Hill Road, Houston, TX, 77024  
[www.passionist.org/holyname](http://www.passionist.org/holyname)

## 12 STEP WEEKEND RETREAT REGISTRATION FORM

(Please select a Weekend Retreat)

Today's Date: \_\_\_/\_\_\_/\_\_\_

- for Women in Recovery from Alcoholism                       for Men in Recovery from Alcoholism
- for Women & Men in Al-Anon Programs and/or in recovery from Alcoholism
- for Al-Anon Women                       for OA H.O.W.                       for GA                       for SLAA Men

Please reserve a place for me for the above Retreat, beginning Friday evening, \_\_\_/\_\_\_/\_\_\_.

Please print all information. \*Required field.

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Program \_\_\_\_\_ Program Birthday \_\_\_/\_\_\_/\_\_\_ E-mail \_\_\_\_\_

- Enclosed is my non-refundable, non-transferable **Retreat Offering:**  
     \_\_\_ \$190      or      \_\_\_ \$175 Senior Rate for those 65 yrs and older.

I understand that I have a **reserved space** for the above retreat weekend and that I have an obligation to immediately inform the Retreat Center if I must cancel my reservation to allow someone else to attend in my place. I also understand that refunds are made only if I call to cancel by noon Wednesday before my retreat weekend.

*Limited Financial aid is available for those in need – call the Retreat Center and ask for more information.*

- I wish to attend the retreat but am *unable to include* my registration fee at this time.
- I am willing to “double” with another person in a room if necessary.

**A Confirmation letter and further information will be mailed upon receipt of this registration.**

*Please make checks payable to “Holy Name Passionist Retreat Center.”*

*If paying by credit card, please fill out Name & Address information of cardholder if different from above.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa \_\_\_ MC \_\_\_ Disc \_\_\_ AmEx \_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_

**My Retreat Offering:** \$ \_\_\_\_\_

*\*Please add an extra donation to support someone else with financial assistance.* \$ \_\_\_\_\_

**Total Charge:** \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_