



Contact: Mrs Lisa Brudy, Telephone: (784) 433 1551

Email: [catholicsvg.youth@gmail.com](mailto:catholicsvg.youth@gmail.com) or [svgchoiceretreat@gmail.com](mailto:svgchoiceretreat@gmail.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M ( ) F ( )

Are you Catholic? Y ( ) N ( )

If No then what religious denomination do you belong to? \_\_\_\_\_

Parish: \_\_\_\_\_

Which of the following sacraments have you received?

Baptism ( )

First Communion ( )

Reconciliation ( )

Confirmation ( )

Please state if you have any of the following:

Dietary restrictions Y ( ) N ( )

If yes please specify

\_\_\_\_\_

Allergies Y ( ) N ( )

If yes please specify

\_\_\_\_\_

Do you require transport to and from the retreat? Y ( ) N ( )

Emergency Contact Person: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Registration Fee: \$100.00 per weekend.

Please remember to bring your medicines and toiletries.

For Official Use Only

Weekend: 1 ( ) 2 ( ) 3 ( ) 4 ( )