



# Holy Name Passionist Retreat Center

The Passionists of Holy Cross Province  
tel 713 464 0211 fax 713 464 0671

430 Bunker Hill Road, Houston, TX, 77024  
[www.holynameretreatcenter.com](http://www.holynameretreatcenter.com)

## 12 STEP WEEKEND/DAY OF REFLECTION REGISTRATION FORM

Please select a Weekend Retreat or Day of Reflection:

AA Women's Retreat  AA Men's Retreat  Al-Anon Retreat for Women  O.A.-H.O.W.

S.L.A.A. for Men  S.L.A.A. for Women  GA Retreat for Men and Women  Day of Reflection

Please reserve a place for me for the above Retreat or Day of Reflection on \_\_\_/\_\_\_/\_\_\_

Please print all information. \*Required field.

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

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

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

Group \_\_\_\_\_

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

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

Enclosed is non-refundable, non-transferable registration fee.

**Registration Fee \$220**

**Senior Rate for those 65 and older: \$205**

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. Refunds are made only if I call to cancel by noon Wednesday before my retreat weekend. Financial assistance is available for those in need – call the Retreat Center for more information.

**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 Registration Fee:** \$ \_\_\_\_\_

**Suggested offering: \$220 (\$205 Seniors) Day of Reflection \$40**

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

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

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_