

RETREAT REGISTRATION

Retreat Name and Date: _____

NAME: _____

8 DIGIT NOVASIS ID #: _____ Payment RECEIVED: YES NO

ADDRESS:

(If on campus) Box: _____ Phone: _____ *(If off campus)* Local Address: _____

Res. Hall: _____ Room #: _____ City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Phone: _____ Voice MB#: _____

Email *(most often used)*: _____

Best way to contact you (please circle): Cell phone email address residence hall phone home phone

Emergency Contact (Name & Phone Number): _____

Circle any that apply: FRESHMAN SOPHOMORE JUNIOR SENIOR
GRAD STUDENT TRANSFER ALUM

Please circle one: ARTS & SCIENCES ENGINEERING BUSINESS NURSING

Please circle one: FEMALE MALE

Do you have any special needs, medical conditions, or dietary restrictions (e.g., vegetarian) or do you take any medication?

Can you drive your car? YES NO If YES, how many can you fit (including yourself)? _____

Are you certified by Public Safety to drive VU Vans? YES NO

Are you on a VU meal plan? _____ If YES, what plan are you on? _____

How did you hear about this retreat? _____

PLEASE RETURN THIS FORM TO THE CAMPUS MINISTRY OFFICE IN ST. RITA HALL WITH A
CHECK FOR \$40 FOR A WEEKEND RETREAT *(Fee is non-refundable).*
PLEASE MAKE CHECKS PAYABLE TO "CAMPUS MINISTRY RETREATS."

Questions can be directed to Fr. Chris Drennen at
519-5177 or Christopher.drennen@villanova.edu

People of all faith traditions – or none at all – are welcome!