

**RETREAT REGISTRATION**

Or use on line Registration:

See Forms and Applications at <http://www.villanova.edu/campusministry/spirituality>

**Retreat Name and Date:** \_\_\_\_\_

NAME: \_\_\_\_\_

8 DIGIT NOVASIS ID #: \_\_\_\_\_ CHECK RECEIVED: YES NO

Cell Phone Number: \_\_\_\_\_

Emergency Contact (Name & Phone Number): \_\_\_\_\_

Email *(most often used)*:  
\_\_\_\_\_

Please circle one: FRESHMAN SOPHOMORE JUNIOR SENIOR

Please circle one: A&S ENG VSB NUR

Please circle one: FEMALE MALE

Do you have any special needs/medical conditions or do you take any medication?

\_\_\_\_\_

VU Van Certified? Yes \_\_\_ NO \_\_\_ Are you willing to Drive if necessary?

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

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

PLEASE RETURN THIS FORM TO THE CAMPUS MINISTRY OFFICE IN ST. RITA HALL WITH A  
**CASH or 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. Christopher Drennen, OSA**

**610-519-5177**

**christopher.drennen@villanova.edu**