



Circle Lake Family Retreats

PO Box 1408
Pinehurst, TX 77362-1408
281-256-6764 x202
clrprograms@sbcglobal.net
www.circlelakeretreat.com

For Office Use Only

Reservation # _____

Total Due: _____

Deposit Paid: \$ _____ Date: _____

Balance Due: \$ _____ Date: _____

LENTEN FAMILY RETREAT APPLICATION

NAME OF FAMILY: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

RELIGION: _____ PARISH NAME: _____

NAMES OF ADULTS ATTENDING:

Name	Role in Family	Language(s) Spoken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

NAMES OF CHILDREN ATTENDING:

Name	Date of Birth	Gender	Language(s) Spoken
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please note which family members have any health problems, disabilities, or special needs (including children with special learning needs) of which the staff should be aware. Accessible housing is available.

Have you been to Circle Lake Retreat before? If yes, for what program or event?

How did you hear about the Circle Lake Lenten Family Retreat?

What is your family hoping to get out of the retreat?

Please complete this to determine the appropriate fee for your family:

_____ Adults/teens	x	\$75	=	_____
_____ Children 4-12	x	\$50	=	_____
_____ Children 3 & under	=	<u>FREE</u>		
<hr/>				
		TOTAL DUE:	\$	_____
		DEPOSIT:	\$	<u>100</u>
 <input type="checkbox"/> Financial Aid Requested				
Deposits, minus a \$25 processing fee, will be returned if registration is cancelled at least 30 days before the retreat.				

Mail completed form and deposit check payable to "Circle Lake Retreat" to:

Monica Frazier
Circle Lake Retreat
PO Box 1408
Pinehurst, TX 77362-1408

***Thank you for your registration.
We look forward to welcoming you to Circle Lake for the Lenten Family Retreat!***