



Circle Lake Family Retreats

PO Box 1408
Pinehurst, TX 77362-1408
281-356-6764 x202
clrprograms@sbcglobal.net
www.circlelakeretreat.com

For Office Use Only

Week: _____ Reservation # _____

Total Balance: _____

Deposit: \$ _____ Date: _____ Ck #: _____

Due: \$ _____ Date: _____ Ck #: _____

SUMMER RETREAT APPLICATION FORM

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. _____	_____	_____	_____

Which retreat weeks would your family be able to attend? Please number in order of preference:

____ Week 1 (Monday, July 2 – Friday, July 6)

____ Week 2 (Monday, July 9 – Friday, July 13)

____ Week 3 (Monday, July 16 – Friday, July 20)

____ Week 4 (Monday, July 23 – Friday, July 27)

If we are unable to accommodate your family on the week of your first choice, we will place you on a waiting list for that week and ask whether you would like to attend on another week.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS SPECIFICALLY AS POSSIBLE. THIS INFORMATION HELPS THE RETREAT TEAM PREPARE FOR YOUR FAMILY (ADD ADDITIONAL PAGES IF NECESSARY):

1. Have you been to Circle Lake Retreat Center before? If so, for what program or event?
2. How did you hear about the Circle Lake Summer Family Retreats?
3. Do all the family members attending live together? If not, please describe the living arrangements of those intending to come on retreat.
4. Are there any family members living with you who will not be able to join you on retreat? If yes, please note person(s) by name and their significance for your family.
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.
6. Please tell us a little about your family. What has happened in your family this year that has been significant?

7. What is your family hoping to address or talk about while at Circle Lake Retreat? How do you feel that this retreat experience will help you?

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

___ Adults/Teens x \$150 (Early Bird x \$125)	=	_____
___ Kids 4-13 x \$100 (Early Bird x \$75)	=	_____
___ Kids 3 and under	=	FREE
<hr/>		
TOTAL DUE:	\$	_____
DEPOSIT:	\$	<u> 200 </u>
◆ Maximum for immediate family: \$800		
◆ Early Bird price if deposit received by April 16		
<input type="checkbox"/> Financial Aid Requested		

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

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

Deposits, minus a \$25 processing fee, will be refunded if a reservation is cancelled at least 30 days before the retreat.

***Thank you for your registration.
We look forward to welcoming you to Circle Lake Retreat this summer!***