



Registration Form

Advanced Meditation & Prayer Retreat

October 26 – 29, 2023
with Dr. Roger W. Teel

Please Print

Please Print

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____ Please check: M F

Room & Retreat Rates
Cutoff date for registration: **October 2**

Room Request (please check one)
(subject to availability)

Double \$565 Triple \$525

NOTE: Rates are per person and include meals and retreat fees. Please indicate if you need a room on the first floor due to physical challenges.

Cancellation Policy

- Cancellations prior to October 2 are subject to a \$100 non-transferable cancellation fee.
- No refunds will be issued if canceled by a participant after October 2.

Roommate Request: _____

All of our meals will be vegetarian and gluten free.

NOTE: You will also be able to use a refrigerator and microwave in a designated area.

Emergency Contact: Name/Phone: _____

Please list any medical challenges the staff should be aware of: _____

By Signing Below:

- I acknowledge that I have read and understand the Retreat Purposes, Instructions & Policies, including the sections on Preparations & Logistics. I will honor all aspects of these requirements.
- Cancellations by a participant prior to October 2 are subject to a \$100 non-transferable cancellation fee. No refunds will be issued if canceled by a participant after October 2.
- I further acknowledge that I am aware that the retreat begins at 2 pm on the initial day and that if I am late, I may not be admitted until after the initial session.
- I also understand that if I cannot attend the opening day, I will not be allowed to attend the rest of the retreat. If this should occur, all monies paid will be forfeited.
- I further acknowledge that unless a roommate is specifically requested on this sheet, a roommate will be assigned by the Mile Hi Events Director and changes cannot be made after these assignments have been set.
- Finally, by signing below, I agree to abide by the policies of the Franciscan Retreat Center, as well as those of the Retreat Leaders and Staff.
- If you are in Practitioner Training, please check here:** 1st year 2nd year

I agree to all of the above by my signature here: Please print a copy for your own records

Retreat Participant _____ Print Name _____ Date _____

Please see next page of this form for registration and payment directions

CC # _____ Exp. Date _____ CVC # _____ Date Rec'd: _____

Amt. _____ Cash Check Credit

Please note that you are not registered until payment and registration form has been received.

To register:

- Mail registration form with your payment (check) to:

Mile Hi Church
Attn: Karen Thomas
9077 W. Alameda Ave.
Lakewood, Co. 80226

OR

- Email registration form with credit card information at bottom of page 1 to:

kthomas@milehichurch.org **Cutoff date for registration is October 2.**

NOTE: You do not need to include the second page of the registration form. For questions, please contact Karen Thomas at 720-974-2240.

SPECIAL NOTICE

Please do not contact the Franciscan Retreat Center directly for any room changes. All room changes must be approved and arranged by Mile Hi Church. This includes the day of arrival.

Also, the Retreat Center can only accommodate Gluten Free or Vegetarian diets.