

REGISTRATION FORM

WALKING THROUGH HOLY WEEK

LOCATION: Holy Spirit Catholic Church
1244 St. Francis Road
Santa Rosa, CA 95409

TIME: 10 a.m. to 4:30 p.m.

NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NUMBER OF ATTENDEES: _____

REGISTRATRIION FEE PER PERSON: Holy Spirit Parishioners: Free
Non-parishioners: \$20

Cash or checks only.

Checks should be made payable to Holy Spirit Catholic Church

LUNCH: Optional lunch order from Panera Bread \$10
Sandwich, chips, pickle and cookie
_____ Turkey
_____ Ham
_____ Mediterranean Veggie
_____ Tuna

For additional information or to register for the retreat, please contact:

MEGAN O'NEILL Email: m.oneill-hsc@outlook.com
Cell phone: 707-539-4495 ext. 13

or

CINDY DOWGEWICZ-HORDYK Email: CGDHCA@gmail.com

Please register by **Sunday, February 24, 2019.**

Seating is limited to the first 150 people.

The book used during the retreat will be provided to each registrant.
Additional books may be purchased for \$15.00 per copy.