



*You did not choose Me,
but I chose you...
John 15:16*

Registration Form for CRHP 2010

Name:

Address:

Telephone:

Email:

Emergency Contact Name and Phone:

Are there any dietary restrictions we need to know about?

Please send this form along with your check for \$165.00 made payable to St. John Church (note CRHP Retreat in memo section) to:

**Dolores Twardy
49 Herman Avenue
Darien CT 06820**

