

# ADVENT RETREAT RESPONSE FORM PARTICIPANTS

Please return by **November 4, 2024** with payment.

(Checks Payable to *Archdiocese of Indianapolis*)

Full Retreat Registration (\$10)

**Mail to:** Jenny Bryans  
1400 N. Meridian St.  
Indianapolis, IN 46202

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Emergency Contact Information**

(1) Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Food Allergies/Restrictions: \_\_\_\_\_

\_\_\_\_\_

Assistance needed for: (Please check all that apply and explain) **\*Please Contact Jenny Bryans (jbryans@archindy.org) if you need to take Medication during this retreat.**

Dressing \_\_\_ Toileting \_\_\_ Bathing \_\_\_ **\*Medication** \_\_\_ Meals \_\_\_ Other \_\_\_

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