

# REGISTRATION FORM    DIVINE PRESENCE, April 29 – May 1, 2022

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail Address \_\_\_\_\_

Single Room \$295 \_\_\_\_\_ Double Room Occupancy \$260 \_\_\_\_\_ Commuter \$170 \_\_\_\_\_

If you are in a double room, who is your roommate? \_\_\_\_\_ Do you need a handicap accessible room? \_\_\_\_\_

Make check out to **Retreats** and mail to:

**Retreats**  
**P.O. Box 156**  
**Capeville, VA 23313**