

## Registration Form

Please reserve a place for me at the following retreat:

Name of Retreat: \_\_\_\_\_

Date of Retreat: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Please enclose a check for the full amount or a \$20.00 deposit (non-refundable) made payable to **AVILA RETREAT CENTER**.

Your cancelled check is confirmation. **Mail to Avila Retreat Center, 711 Mason Road, Durham, NC 27712-9220**

**Phone (919) 477-1285 • Fax (919) 477-9485 • Email: [avila@raldioc.org](mailto:avila@raldioc.org)**