

**FRANCISCAN SPIRITUAL CENTER
REGISTRATION FORM**

Name: _____
 First Middle Last Congregational Initials

Address: _____

 City State Zip Code

Phone: __ (____) _____ (____) _____
 Day Evening

Cell Phone _ (____) _____

Fax: __ (____) _____ E-mail: _____

Program/Retreat: _____

Date/s: _____

Deposit: _____ Balance Due: _____

Special Needs/Retreat Director Requested: _____

Please make checks payable to the Sisters of St. Francis.

Mail registration form(s) (one for each program/retreat) with deposit to::

*Franciscan Spiritual Center
609 South Convent Road
Aston, PA 19014
ATTN: Registrar*

To ask about availability or to reserve a spot if you have mailed a registration form and are concerned that you will not get into the program call Patricia Hamill, SSJ at 610-558-6152

Confirmation of FSC Sponsored retreats/programs:

- to confirm your registration, look for the record of your deposit and/or payment on your bank statement.
- You will receive a detailed letter near the time of your **weekend** retreat/program or **week-long** retreat/program.