

St. Dominic Parish
CRHP Weekend Retreat
Registration Form

Weekend: (check one) Women's Men's

Name _____

Preferred or Nick Name _____

Street Address _____

City/State _____ Zip Code _____

Phone-Day: _____ Night: _____ Cell: _____

Email Address: _____

Please list any special physical, overnight, or dietary needs and/or requirements. We will make every effort to accommodate these requests:

Emergency Contact Information (Please list 2 contacts)

First & Last Name _____

Relationship to you: _____

Phone-Day: _____ Night: _____ Cell: _____

First & Last Name _____

Relationship to you: _____

Phone-Day: _____ Night: _____ Cell: _____

Registrations can be put in an envelope marked "CRHP" and dropped in the collection basket on Sunday, dropped off at the Parish Office during office hours, or mailed to:

St. Dominic Parish
CRHP Registration
4551 Delhi Rd
Cincinnati, OH 45238