

Registration Form
Spiritual Exercises

Upcoming Silent Retreats:

College Women - Feb. 5-7, 2010

Fee: \$39, bring your own bedding, \$41, bedding provided
Includes: 2 nights dorm style lodging and six meals

Women - July 23-25, 2010

Fee: \$120 Double Occupancy, \$135 Single Occupancy
Includes: 2 nights lodging and six meals

Gilmary Catholic Retreat Center

(visit our website www.gilmarycenter.org)

* * * * *

Mail your reservation with check made payable to
The Maronda Foundation , c/o Gilmary Retreat Center
601 Flaugherty Run Rd., Coraopolis, PA 15108

Name (s) : _____
Please note if you have special dietary needs:

Address _____

Phone _____ Email _____

Amount Enclosed _____

Questions? 412-264-8400 or info@gilmarycenter.org

Have you participated in the Spiritual Exercises before?
Please indicate with check mark: yes , or no

HOLD HARMLESS

And now this _____ day of _____, 20 ____, intending to be legally bound hereby, and in consideration of the permission and license granted, the undersigned agrees to indemnify and hold harmless Gilmary Center, the Maronda Foundation, and the officers, agents, and employees of Gilmary Center and of the Maronda Foundation, from any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any use of the playing field, facilities, or property of Gilmary Center, 601 Flaugherty Run Road, Coraopolis, Pennsylvania. The undersigned further agrees to abide by all the rules and regulations promulgated by Gilmary Center for the use of the licensed premises.

_____ Date Signed

_____ Please print name of Participant

_____ Organization Name

_____ Signature of Participant