"A Spirituality Retreat" - REGISTRATION

CHIARA CENTER

Name: _____ (circle) F M

Address: _____

Phone: (_____)_____

email _____

Diet/Allergy Restrictions? (circle) YES NO
[If YES, please detail under "RESTRICTIONS."]

Check Your "Sunday +" Choice:

- ❑ Sun. + 3 (Sept. 25 - 28)
- ❑ Sun. + 5 (Sept. 25 - 30)

A Spirituality of Living, Henri Nouwen:

- ❑ ***I already own (or will acquire) a copy.***
- ❑ I WISH TO PURCHASE A COPY -- $13.33

MEALS/PROGRAM -- $_____
(Sun. + 3: $140.00 or Sun. + 5: $228.00)

RETREAT ACCOMODATION:

- ❑ I PLAN TO COMMUTE FROM HOME/MOTEL.
- ❑ I WILL STAY AT CHIARA -- $_____
(See Options & Prices)

TOTAL DUE: $_____

(12 Rooms Available)

OPTIONS:	**Sun.+3**	**Sun.+5**
❑ Single Room	$214.50	$357.50
❑ Double Occupancy*	$154.50	$257.50

*SHARING ROOM WITH: _____

Mail Completed Registration & Total Due to Arvil Bass, 3007 W. Romany Ct., Peoria, IL 61615.
{Checks payable to: Arvil Bass.}

[Confirmation, **(Nouwen book, if ordered)***, Complete Retreat Schedule & Information, Directions to Chiara Center will be mailed to you the day your completed registration is received.]*

+ + +

"RESTRICTIONS"

_____

_____

_____

_____

_____

+ + +