

**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: Sister Patricia Hamill, SSJ***

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