

**LaSalle Manor Retreat Center  
A Minister's Wellness Retreat  
June 13-14, 2012**

**REGISTRATION**

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Church/School/Organization \_\_\_\_\_ City \_\_\_\_\_

Position (ie; Principal, Teacher, Catechist, Youth Minister, DRE) \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Have you been to LaSalle Manor before? yes \_\_\_\_\_ no \_\_\_\_\_

**Emergency Contact Information**

First Name \_\_\_\_\_ Last \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Payment Information (check one)**

\_\_\_\_\_ **Check Enclosed**

\_\_\_\_\_ **Charge my credit card**      **Visa** \_\_\_\_\_      **MasterCard** \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Checks should be made payable to LaSalle Manor Retreat Center  
and mailed to 12480 Galena Road, Plano, Illinois 60545.*