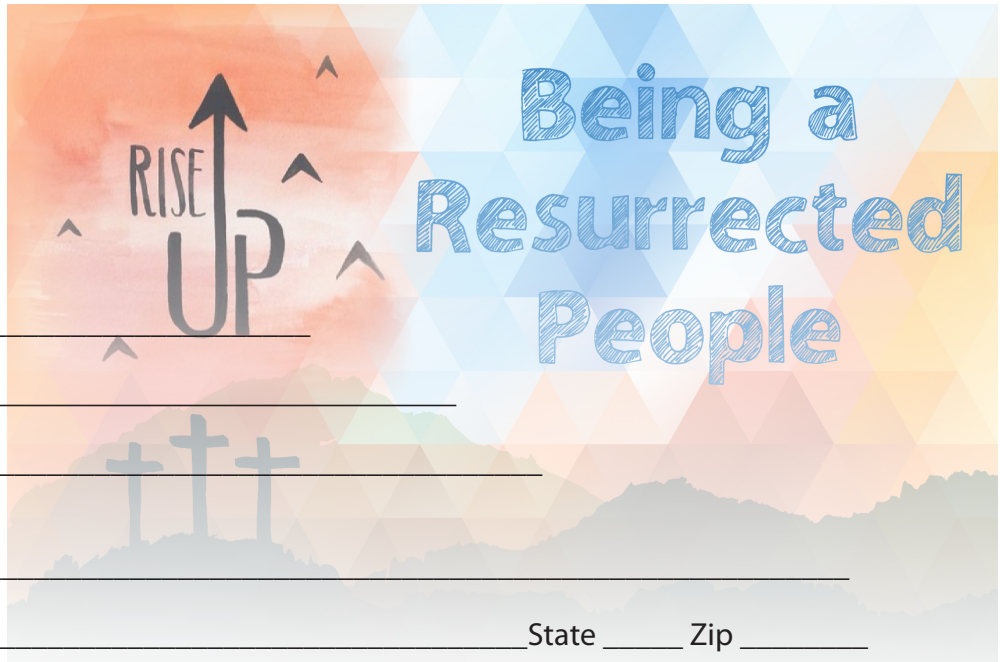


**Pastoral Care  
Ministry Retreat  
Application**

**April 13, 2018**

Please RSVP by Deadline of  
April 1, 2018



Group Name \_\_\_\_\_

Parish or School Affiliation \_\_\_\_\_

Diocese \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Total attending: \_\_\_\_\_ x \$45 per person = Total Fee: \_\_\_\_\_

*Fee is payable upon date of retreat. Thank you.*

**Please list names of individuals attending below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

**RETREAT DETAILS:**

- \$45 per person
- Includes lunch

**Schedule:**

9 a.m. to 3 p.m.  
*including Mass*

**Marello Youth Retreat Center**  
**6350 Wells Ave.**  
**Loomis, CA 95650**

*Contact: 916.652.6155  
with questions*

*Write additional names on back, or a separate sheet of paper.*