ADVENT RETREAT RESPONSE FORM **PARTICIPANTS**

Please return by <u>November 7, 2023</u> with payment. (Checks Payable to *Archdiocese of Indianapolis*) Full Retreat Registration (\$10) Mail to: Jenny Bryans 1400 N. Meridian St. Indianapolis, IN 46202

Name:	
Address:	
Email:	
Phone number:	
Date of Birth:	
Emergency Contact Information	
(1) Name:	
Relationship	
Phone Number(s):	_
(2) Name:	
Relationship	
Phone Number(s):	_
Food Allergies/Restrictions:	
Assistance needed for: (Please check all that apply and explain) *Please Contact Jer (jbryans@archindy.org) if you need to take Medication during this retreat.	nny Bryans
Dressing Toileting Bathing *Medication Meals Other	_

Special instructions/helpful information: (Including calming strategies, likes, dislikes, motivators, triggers, etc.)
O I will have staff accompanying me (please provide name and contact information below
The day ends with Mass beginning at 4:30pm, will you need to leave prior to Mass?
O Yes (what time?)
O No
O Possibly
Who will be picking you up at the end of the retreat (no later than 6 pm) Name: Phone Number:
Questions: Contact Jenny Bryans (317)-236-1448 or jbryans@archindy.org