

ADVENT RETREAT RESPONSE FORM

CATECHISTS/VOLUNTEERS

Please return by **November 21st** with payment;
(Checks Payable to *Archdiocese of Indianapolis*)

Contact Erin Jeffries at (317)236-1448 or ejeffries@archindy.org for assistance

Mail To: Erin Jeffries
Office of Catechesis
Archdiocese of Indianapolis
1400 N. Meridian St.
Indianapolis, IN 46202

Retreat Registration \$10 (If this is a problem, please contact Erin)

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/Special Instructions: _____

I can be there for part of the retreat
(Please indicate below, as best you can when you will be with us)

I would like to volunteer for logistics/activities