

Passport number: _____ **Country of citizenship:** _____

When writing dates please use this format: 08JUL09

Date of birth: _____ **Date of issue:** _____ **Expiration:** _____

(If you do not have a current passport, please return this form now and send the passport information when you have it.)

Room reservation:

Roommate Name: _____

_____ Please reserve a single room for me. There is an additional cost of \$300 for a single room. Single rooms are subject to availability.

For those **who have not named a roommate above**, please help us with the following information. If no roommate is available you will be responsible for the single room fee.

_____ I am a lay person: Single _____ Married _____

_____ I belong to a religious community. Initials _____

Do you smoke? yes _____ no _____ Snore? yes _____ no _____

Are you more a night owl? _____ or early bird? _____

Please return this form as soon as possible since it contains information needed to make hotel reservations.

- Include \$100.00 to reserve your place. Make payable to Sisters of St. Joseph. This deposit will be returned to you if the trip is canceled due to insufficient numbers. Otherwise, the deposit is not refundable.
- Payment in full is due September 1, 2009.
- Include a photocopy of the identification page of your passport.

Return to: **Marianne Race, CSJ**
1515 W. Ogden Avenue
LaGrange Park, IL 60526

Mothers, Metaphors and Models
A Women's Retreat in the Holy Land
January 7 – 17, 2010

Registration Form

NAME _____

(Please print your name **as it appears on your passport**)

Street address _____

City _____ State _____ Zip _____

PHONE:

day: _____ evening: _____ e-mail _____

By what name do you prefer to be addressed: _____

Person to contact in emergency:

Name: _____

Relationship: _____ Phone: day: _____ evening: _____

Travel Plans

_____ I will travel with the directors on the flight from Chicago

_____ I will meet the group in Tel Aviv. Please send the details of your flight as soon as you have them.

Statement of Waiver (for insurance purposes):

I agree to hold the Sisters of St. Joseph, the Religious of the Sacred Heart and their representatives harmless of any and all liability that may arise in connection with participation in this travel/study program.

your signature

date