

Regions 3 & 4

2026 Lay Carmelite Retreat Form

Please fill out the Registration Form below, **PRINT CLEARLY**, and mail it with a **\$35.00 Non-Refundable deposit (APPLIED TO TOTAL COST)** to the retreat contact person.

FINAL PAYMENT IS DUE ONE MONTH BEFORE THE RETREAT DATE

A full refund may not be possible since some retreat centers are charging for required numbers of registrants regardless of attendance.

Make checks payable to **LAY CARMELITE OFFICE**

NAME -----

PHONE (C)------(H)-----

E-MAIL -----

HOME Mailing Address -----

(street) (city) (state) (zip) -----

Lay Carmelite Community & Location-----

RETREAT DATE-----

RETREAT LOCATION-----

Single Double – Roommate Name-----

COMMUTER

Friday (**\$75**) Friday/Saturday (**\$150**) Saturday (**\$120**)

Friday/Saturday/Sunday (**\$200.00**)

AMOUNT ENCLOSED \$----- CHECK #-----