

*Church of the Blessed Sacrament
10 Diamond Street
Walpole, MA 02081
Retreat Application*

Please complete and return to the Parish House, ATTN: Fr. Tim Kelleher
with a check for \$40.00 made out to Blessed Sacrament to cover the cost of the day.

Personal:

First: _____

Last: _____

Contact Info:
Number and Street: _____

City/Town: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

In case of an Emergency: (The contact person may not be someone who is on this retreat with you.)

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

PLEASE BE SURE TO COMPLETE THE FOLLOWING QUESTIONS:
(Use other side if necessary.)

1. What are your hopes and expectations for this day?

2. List any health concerns, special needs (e.g., accessibility, first floor), or dietary restrictions we should be aware of.