

PRINTABLE REGISTRATION FORM

Name _____

Street _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Name of Retreat you wish to attend:

Date of Retreat you wish to attend:

A non-refundable deposit of \$30.00 for each person is required with your reservation.

Please make checks payable to: Christ the King Retreat Center

Mailing Address: Christ the King Retreat Center / 621 1st Ave. South / Buffalo,
Minnesota 55313

Phone: 763-682-1394 or 763-682-3453

Email: christtheking@kingshouse.com

Website: www.kingshouse.com