



## Jesuit Retreat Center of Los Altos

300 Manresa Way ☞ Los Altos, CA 94022-4659

Phone: 650-948-4491 ☞ Fax: 650-948-0640

E-mail: [retreat@jrclosaltos.org](mailto:retreat@jrclosaltos.org)

Web: [www.jrclosaltos.org](http://www.jrclosaltos.org)

### Retreat Reservation Form

(If you prefer, you may register on-line at [www.jrclosaltos.org](http://www.jrclosaltos.org))

Retreat Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
month dates year

Mr/Mrs/etc. \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Title (e.g., M.D.) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Parish/Retreat Group \_\_\_\_\_

Have you made a retreat with us before?  yes  no Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ **Emergency Contact:**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Handicap or mobility difficulties? Please specify needs: \_\_\_\_\_ Other Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you willing to share a room? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

**Method of Payment:** (If by check, please make check payable to **Jesuit Retreat Center**)

MasterCard/VISA/Discover/AmericanExpress

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
month year

Cardholder's Signature \_\_\_\_\_

#### Amount Enclosed:

Full Retreat Fee \$ \_\_\_\_\_

or deposit \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

#### OFFICE USE ONLY

Amount Received \_\_\_\_\_

Room Assigned \_\_\_\_\_

Confirmation Sent \_\_\_\_\_

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**Refund Policy:** For cancellations received fewer than ten (10) days prior to the start of the retreat, the deposit is not refundable.