



## 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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail \_\_\_\_\_

Have you made a retreat here? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Emergency Contact

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

Are you willing to share a room if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require a room with handicapped facilities? \_\_\_\_\_ First Floor access? \_\_\_\_\_

To assist another person who would like to make a retreat, I am enclosing

\$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$15 \_\_\_\_\_ other \$ \_\_\_\_\_

#### METHOD OF PAYMENT

**Check Enclosed.** (Please make check payable to **Jesuit Retreat Center**)

**Credit Card:** VISA \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ Amount \$ \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_  
month                      year

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

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

#### Mailing Address:

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