

Registration Form

Please send along a \$5 check
with registration to:
Schoenstatt on the Lake
27762 County Road 27
Sleepy Eye, MN 56085

Name _____

Address _____
(Street)

(City) (State) (Zip)

Home Phone _____

Cell Phone _____

Email Address _____

Retreat Names and Dates you plan to attend:

Special Needs:

Please photocopy and distribute this form.