

Norbertine Priory Of St. Moses The Black

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RETREAT /WORKSHOP APPLICATION

(Please Print Clearly, Thank You)

Name/Organization: _____

Address: _____ City/State _____ Zip _____

Phone: _____ Fax #: _____ Cell #: _____

Organization Contact person: _____

Phone: _____ Cell #: _____ E-mail: _____

Parish/Church/School: _____

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Type of Retreat: (please choose Directed or Self-Directed)

Directed: _____ Have retreat master/facilitator _____ Need retreat master _____

Self-Directed: _____ Need a Confessor _____ Need to consult Spiritual Director _____

Name of Retreat: _____

Date: _____ Time: _____

Total # of Persons: _____ Adult-M _____ Adult-F _____ Youth-M _____ Youth-F _____
(Please ✓ all that apply.)

If Youth group (to age 17), # of chaperones: _____

Overnight Accommodations: Yes _____ How many nights? _____ No _____

Kitchen/Dining Facilities: Yes _____ No _____

Special needs (please list): _____

