



Jesuit Retreat Center of Los Altos

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Phone: 650-917-4000 ☞ Fax: 650-948-0640

E-mail: retreat@jrclosaltos.org

Web: www.jrclosaltos.org

Retreat Reservation Form

(If you prefer, you may register on-line at 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

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:

OFFICE USE ONLY

Full Retreat Fee\$ _____

Amount Received _____

or deposit \$ _____

Room Assigned _____

Donation \$ _____

Confirmation Sent _____

Total \$ _____

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