

2014

# ST. JAMES PRAYER RETREAT

“Lord, teach us to pray...”

## BASIC INFORMATION

Name

Email Address

Phone (Home)

Phone (Mobile)

Emergency Contact Name

Emergency Contact Phone Number

## CARPOOL

Do you wish to participate in the carpool to and from the retreat?  Yes  No

Are you willing to drive in the carpool if needed?  Yes  No

If yes, how many extra people can you accomodate in your vehicle? \_\_\_\_\_

## DIETARY NEEDS AND ALLERGIES

Please list dietary needs and allergies, food or otherwise, with the severity and reaction of the allergy.

Restriction or Allergy	Severity and Reaction

## MEDIA RELEASE

I hereby consent to the collection and use of my personal images by photography and video recording during the Retreat, and acknowledge that these images may be distributed privately among St James members or publicly on the Internet. I understand that no personally identifiable material will be distributed with these images without prior consent.

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date this Agreement is Signed

**Office Use Only**

Payment of \$140 received \_\_\_\_\_  Cash  Cheque

Shared Room Preference \_\_\_\_\_