

Priest Field Fall Retreat 2026

Thursday, September 17 – Sunday, September 20

Retreat Registration Form

Medical Information Sheet

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Land Line: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Contact's Phone Number(s): Land Line: _____

Cell: _____

Rooming & Dietary Information (3 nights & 8 meals):

Circle one option: *Single—\$467* *Double—\$422*

Roommate Request, if applicable: _____

NOTE: Rooms are all on one floor

Note any dietary restrictions: _____

Contact Marilyn Whalen with any questions.

(See next page.)

PRIVATE MEDICAL INFORMATION

Please complete this sheet (or type a copy that you can update.

Take the sheet to retreat.

- **List any medications you currently use and any special instructions you would want passed on to a doctor if you experienced an emergency while at retreat.**
- **Print the list. Put it in an envelope with your name on the front.**
- **Place the envelope under your sewing machine at retreat; your choice to seal or not.**
- **In the event of an emergency, I will call your emergency contact person, and I will pull the envelope and send it along with you in an ambulance.**
- **Save the envelope to update its contents and use at your next retreat.**

Marilyn

Medications are currently taking:

Other Info (optional):
