

Program Title _____ Program Date(s) _____

Your Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

\$ _____ deposit enclosed. Balance on arrival. Cell Phone _____

Full payment of \$ _____ is enclosed. Preferred director (if applic) or special needs:

Payment Options

- Check
- Visa
- Mastercard
- Discover

Card # _____
Security Code* _____
Exp. Date: _____
Signature: _____
* found on back of card

Message 1hr- \$60 or 1/2 hr- \$35, Reiki 1hr- \$60 pay therapist directly
<input type="checkbox"/> Massage <input type="checkbox"/> 1hr <input type="checkbox"/> 1/2 hr
<input type="checkbox"/> Reiki <input type="checkbox"/> 1hr

Make check payable and send to **Siena Retreat Center, 5635 Erie Street, Racine, WI 53402.**
Additional forms available at www.racinedominicans.org.



Program Title _____ Program Date(s) _____

Your Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

\$ _____ deposit enclosed. Balance on arrival. Cell Phone _____

Full payment of \$ _____ is enclosed. Preferred director (if applic) or special needs:

Payment Options

- Check
- Visa
- Mastercard
- Discover

Card # _____
Security Code* _____
Exp. Date: _____
Signature: _____
* found on back of card

Message 1hr- \$60 or 1/2 hr- \$35, Reiki 1hr-\$60 pay therapist directly
<input type="checkbox"/> Massage <input type="checkbox"/> 1hr <input type="checkbox"/> 1/2 hr
<input type="checkbox"/> Reiki <input type="checkbox"/> 1hr

Make check payable and send to **Siena Retreat Center, 5635 Erie Street, Racine, WI 53402.**
Additional forms available at www.racinedominicans.org.



Options for registration:

1. Print this form and mail with a check or credit card info.
2. Register by phone (262-639-4100x1230). You can mail a check later or provide credit card info on the phone.
3. Register by e-mail and send check later. Do not e-mail credit card information. If you wish to pay by credit card, please do so in person or by phone.