

Program Title \_\_\_\_\_ Date of Program \_\_\_\_\_

Your Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Payment Options (mark one)

Other information or special needs?

1. \$ \_\_\_\_\_ deposit is enclosed. Balance on arrival.

2. Full payment of \$ \_\_\_\_\_ is enclosed.

Massage? \_\_\_\_\_ 1 Hour (\$55) \_\_\_\_\_ 1/2 hour (\$35) Reiki? \_\_\_\_\_ 1 Hour (\$55)

*Pay fee directly to therapist. Massage and reiki not offered at all retreats— please refer to program description.*

Make check payable to **Racine Dominican Retreat Program** and send to Sr. Rita Lui at Siena Center, 5635 Erie Street, Racine, WI 53402.



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