

Program Title _____ Program Date(s) _____

Your Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Emergency Contact _____ Emergency Contact Phone _____

\$ _____ deposit enclosed. Balance on arrival.

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

Massage/Reiki- \$60/hr or \$35/hr, pay therapist directly

Massage 1hr 1/2 hr

Reiki 1hr

Make check payable and send to **Siena Retreat Center, 5637 Erie Street, Racine, WI 53402.**

Additional forms available at www.SienaRetreatCenter.org

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Options for registration:

1. Print this form and mail with a check or credit card info.
2. Register by phone (262-898-2590). You can mail a check later or provide credit card info on the phone.
3. Register by e-mail (retreats@racinedominicans.org) 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.