



**Diocese of LaCrosse
Office of Deacon Formation**

**2019 Discernment Retreat Registration
For Men Considering the Permanent Diaconate
Friday, February 1st 7pm to Saturday, February 2nd 7pm
St. Anthony's, Marathon**

Registrant Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address)

(City) (State) (Zip)

Telephone Number(s): Home (____) ____-____ Cell: (____) ____-____

E-Mail Address: _____

Spouse Name: _____
(Last) (First) (Middle)

Home Parish: _____ Parish City: _____

Pastor: _____

Food Allergies: _____

_____ I plan to attend the Discernment Retreat

_____ My spouse plans to attend the Discernment Retreat

*Retreat fee is \$75 per person, \$125 per couple, which includes meals.

\$_____ is included for my/our registration.

For Office use only: Date Received: _____ Amount Paid \$_____ Check #: _____