



July Retreat Sign-Up Form

Thursday July 15 (9:00 am to 5:00 pm)
Queen of Apostles Renewal Center
1617 Blythe Rd, Mississauga

Participant's Information

Name: _____

Phone Number: _____

E-mail: _____

Date of Birth: _____

Grade you finished in June: _____

Parent's Contact

Name: _____ Relationship: _____

Phone Number: _____

E-mail: _____

Payment: \$25

(check box if payment is included)

Signature of Participant: _____

Signature of Parent: _____

Date: _____