



MARTHA RETREAT CENTRE  
REST • REFLECT • RENEW

403-328-3422  
1130 Scenic Drive S.  
Lethbridge, AB T1K 7J1  
martharetreatcentre.ca

## INDIVIDUAL PROGRAM REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Which Event are you attending:** Please circle below. Other: \_\_\_\_\_

Personal Day          Centering Prayer          Mass          Retreat          Book Study

Program Title: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time: \_\_\_\_\_

Individual Day Retreats, meals required. Please circle below.

Breakfast          Lunch          Supper          Snack

**Dietary Restrictions** (specified): \_\_\_\_\_

### General Information

- Please bring your mask, wear as required.
- Sanitize or wash hands upon entrance to Martha Retreat Centre.
- Martha Retreat Centre is a fragrance-free zone.
- Enter and exit meeting and accommodation rooms through the west hallway.
- Exterior Doors lock at 9:00 pm.

### Office Use

Cost: \_\_\_\_\_

Invoice: \_\_\_\_\_

Billing Information: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Room #: \_\_\_\_\_

**All personal information provided will be used only for the purpose of Martha Retreat Centre up to and including contacting participants in the event of a COVID-19 outbreak at Martha Retreat Centre.**