



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

- Sanitizing stations are distributed around the Centre (front door, gathering room, dining hall)
- Martha Retreat Centre is a fragrance-free zone.
- Enter and exit meeting and accommodation rooms through the west hallway.
- Southwest door is unlocked for guests to exit and enter during your stay (9 am – 8 pm)
- Labyrinth is located to the east of the building (reflection sheets are available at the front door)

Office Use

Cost: _____

Invoice: _____

Billing Information: _____

Payment Received: _____

Room #: _____

All personal information provided will be used only for the purpose of Martha Retreat.