

Retreat Reservation for **Legion of Mary Retreat Nov. 4-6, 2022**

**Please Mail to:** **Barbara Boyle/ Legion of Mary Retreat Group**

369 Covered Bridge Rd.

King of Prussia, Pa 19406

Email: **lom.malvernretreat@gmail.com**

Phone: 610-505-2275

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Parish, City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legion of Mary: active auxiliary Praesidium/Curia \_\_\_\_\_

Invited by: \_\_\_\_\_

**I will attend this retreat:**  
\_\_\_\_\_ **in-person at Malvern**  
\_\_\_\_\_ **virtually (online from home)**

Advanced Deposit \$ \_\_\_\_\_ (\$75)

Check payable to Laymen's Retreat League # \_\_\_\_\_

Credit Card Master Card \_\_ VISA \_\_ AMEX \_\_ Discover \_\_

Account # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**FOR IN-PERSON RETREATANTS ONLY:**

**The Assignment Form Must Be Completed and Returned with Registration Form**

Name: \_\_\_\_\_

Please Check One: \_\_\_\_\_ Active \_\_\_\_\_ Auxiliary \_\_\_\_\_ Junior Please Check One: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Special room request**

For physical reasons: \_\_\_\_\_ 1<sup>st</sup> floor or accessible, elevator ok \_\_\_\_\_ prefer no steps or elevator

\_\_\_\_\_ Handicapped accessible room \_\_\_\_\_ **near** bathroom (no in room)

\_\_\_\_\_ near Retreatant(s) \_\_\_\_\_

\_\_\_\_\_ **Other special requests (diet, etc.)** \_\_\_\_\_

\_\_\_\_\_ I would need transportation (golf carts) between events, if available.

**Retreat Assignment(s)** (Assignments will depend on need)

\_\_\_\_\_ Prefect \_\_\_\_\_ Bell Ringer \_\_\_\_\_ Acolyte \_\_\_\_\_ Prayer Leader \_\_\_\_\_ EM

\_\_\_\_\_ Lector \_\_\_\_\_ Cantor \_\_\_\_\_ Altar Server \_\_\_\_\_ Reader at Meals \_\_\_\_\_ Offertory

\_\_\_\_\_ Organist \_\_\_\_\_ Transportation \_\_\_\_\_ No Preference \_\_\_\_\_ **I prefer to not have an assignment.**