

24 Hour Advent Retreat of Silence

Bishop Lane Retreat Center, Rockford, Illinois
2 p.m. Sunday, November 16th –
3 p.m. Monday, November 17, 2014



Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Church Affiliation: _____

Emergency Contact/Number: _____

Please register me for the retreat at the following rate (price includes overnight and three meals):

- ☐ Regular rate of \$145 (after October 5, 2014)
- ☐ Early-bird rate of \$130 (on or before October 5, 2014)
- ☐ New friend rate of \$120 (when inviting one or more new guests to the retreat and my friend enjoys this rate, too!) The name(s) of my friend(s):

- ☐ Shared Room Rate of \$100 - Roommate: _____

Checks should be made out to **Breathing Space**.

Registration forms and payment may be mailed to:

Tiffany Staman, 10810 Keokuk Road, Roscoe, IL 61073

An email confirmation will be sent upon receipt of your registration and details will follow in October.

Contact Tiffany Staman at (815) 871-7734 or email tiffany@breathingspaceorg.com.

*Note: Space is limited. Registration will close November 10th or when we reach capacity.
There will be no refunds after November 10th.*

We look forward to entering the silence with you!

