

REGISTRATION FORM  
**Contemplative Prayer Classes**  
at Roy's Retreat in 2011.

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

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

\_\_\_\_\_ P/Code \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

I am interested in undertaking a class in: ( Please tick the boxes which apply for you )

- CHRISTIAN MEDITATION**
- CENTERING PRAYER**
- LECTIO DEVINA**

Please indicate times which would suit you best for your first class:

- Weekend Day time**
- Weekend Evening**
- Weekday Day time**
- Weekday Evening**

**Please return this Registration Form to:**

**Roy's Retreat  
P.O. Box 142  
Willunga SA  
5172**

or [roysretreat@gmail.com](mailto:roysretreat@gmail.com)