

REGISTRATION FORM
Contemplative Prayer Classes
at Roy's Retreat in 2010.

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