

You Are Invited!

OCF Great Lakes Region invites you to join us
for our annual Franciscan Retreat!

Assisi Heights Spirituality Center,
1001 14th St NW Rochester MN 55901

2:00pm Thursday, Oct.1 – Noon Saturday Oct. 3
With an optional extra night Wed. Sept. 30, 7pm



THE FRIAR DEPARTMENT

*Registration form and costs for the retreat on next page

OEF GREAT LAKES REGIONAL GATHERING 2014

Thursday, Sept. 1, 2:00PM through Saturday, May 3, Noon

Assisi Heights Spirituality Center
1001 14th St NW Rochester MN 55901
507-280-2195

WEEKEND REFLECTION & FELLOWSHIP: A Potpourri of Discussions and Meditations

IMPORTANT DATES:

Registration Form(s) Due by Monday, September 21st
Payment can be made at the time of the retreat.

REGISTRATION INFORMATION

Please print and provide one registration form (2 pages) for each person attending in your party.
We look forward to have you participate in our gathering!

NAME: _____

DATE: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

ANY SUGGESTIONS AND/OR GIFTS YOU WOULD LIKE TO SHARE WITH THE GROUP FOR THE WEEKEND (i.e., Music, Prayers, Meditation, Downtime Activities, etc.):

SPECIAL DIETARY REQUEST(S) (i.e., Diabetic, Vegetarian, Vegan, Gluten Free, Food Allergies):

SPECIAL ACCOMMODATION(S) REQUEST (i.e., Handicap Shower, Bathroom, Wheelchair Accessibility, Parking):

PUBLIC TRANSPORTATION

Rochester has a regional airport and Amtrack Station. Amtrack is at 65 E Mark Street Winona, MN 55987 . Rochester Regional Airport is at 7600 Helgerson Drive SW Rochester, MN 55902
GO Carefree Shuttle provides transport from the train or Minneapolis/St. Paul airport: 7201 22nd Avenue SW Rochester MN 55902 phone: (888) 781-5181

EMERGENCY CONTACT INFORMATION ~ *Information will be kept confidential; will be used for emergency purpose only; and is completely voluntarily optional of what information you wish to share for emergency purposes. By no means is sharing your personal medical information mandatory to participate in this event. It is with good intentions for event participants that this information is requested in the event of a medical emergency or situation that would require medical attention.*

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

KNOWN MEDICAL CONDITION(S):

KNOWN ALLERGY(IES):

MEDICATION(S):

In the event of a medical emergency, do you give representatives sponsoring this event or the facility the authority to share the above emergency information to emergency medical personnel, if needed and/or you are unable to do so?

Please check: ____ Yes ____ No

Above Registrant or Representative Please Sign: _____

Name of Representative & Relationship if different from Registrant: _____

Date: _____

Any questions, please contact Sr. Christine Petersen, OEF at capoef@solarus.biz.

Cost for accommodations, meals and snacks (please check one):

Arriving Wed. Sept. 30, 7pm: \$250 _____

Arriving Thursday Oct. 1, 2:00pm: \$215 _____

Arriving Thursday Oct. 1, 7pm: \$200 _____

**See attached agenda to determine the activities you wish to be present for.*

Please mail form(s) and make checks payable to:

Sr. Christine Petersen, OEF; OEF Great Lakes Gathering Registrar; 853 Norwich Court; Nekoosa, WI 54457-9120 by Mon. September 21