

Ministry of the Third Cross Retreat Registration

Date: _____

Name: _____

Mailing Address: _____

Phone # (_____) _____

Sid#/TDCJ# _____

Cause# _____

Probation/Parole Officer: _____ Phone# _____

Emergency Contacts: Name: _____

Ph. # _____ Relationship: _____

Name: _____

Ph. # _____ Relationship: _____

Special Conditions (ELM, Breathalyzer, etc.) _____

Medications: _____

Allergies (Food, medicines, etc.) _____

Smoker/Non-Smoker _____

T-Shirt Size: _____

Have you ever attended a Ministry of the Third Cross Retreat? When _____

What religious faith group are you most closely associated with if any? Please Circle one.

- a. Catholic
- b. Non-Denominational Christian
- c. Protestant

Other _____