REGISTRATION FORM

Blessed Kateri Tekakwitha Region 2009 Chapter of Visitation April 24-26, 2009 Stella Maris Retreat Center Skaneateles, NY

REGISTRATION DEADLINE IS March 31ST, 2009 Please read carefully. Check one:

Fraternity Minister	_	Spiritual Assistant
Delegate for Fraternity Minis Observer/Guest	ster	Regional Council Member NAFRA Rep
Name:		·
City:	ST	Zip:
Phone: ()	E-mail address	
Fraternity Name and Location		
Do you play a musical instrument assist us with our liturgical celebration	t? If so, what? ations? Yes/No	Would you be willing to
Do you need handicapped accomr Please describe the nature of your		Do you have dietary restrictions? No/Yes ow they best can be met:
Anticipated date and time of arriv	al:	
Early Bird Special, if paid by M		
Registration fee AFTER E.B. Spe		
Daily commuter rate (includes me ALL PRICES ARE PER PERSON		\$ 50.00/day
ALL FRICES ARE FER FERSO		IE:
Please make checks payable to "S	Secular Franciscan O	rder BKTR Fraternity"

Please return registration WITH payment no later than March 31st to : Kim Marks, SFO, 11 East Rouen Drive, Cheektowaga, NY 14227 Phone: 716-668-3830 E-mail: <u>kimmarks11@aol.com</u>

Note: If you are unable to attend after registering, it is recommended that you send someone else from your fraternity, as each should be represented. A refund will be given, if we are given 10 days notice. "No shows" will not be refunded. Contact Kim Marks with any questions.