

St. Peter's Registration Form
For
Clerical Retreat or
Conference

Name: _____

Group Name: (if applicable) _____

Number in Group: (if applicable) _____

Phone #: _____

Church: _____

Church Phone #: _____

Rector: _____

Bishop: _____

Diocese Phone #: _____

Dates of Visit: _____

Date of Request: _____

Once completed, please scan and email to:

DougMoore1661@gmail.com

Once the form is received we will get in touch with you to make final arrangements.