

Military Veterans for Christ
Veterans Retreat – Nov. 7-10, 2019

Retreat Registration Form

This retreat is specifically for **men and women** who have served in the military and would like to be with fellow veterans to experience the will of God. **Deadline for Registration is Oct. 21, 2019.** The retreat begins Thursday evening, Nov. 7, 2019, with check in at 6:00 pm at **Blue Print Ministries, 2926 South Presa St, San Antonio, TX. 78210.** At the close of the retreat, on Sunday, you will be transported back to St. Mary Magdalen Church where a special mass will be held at 10:45 am. A reception for team members, retreatants and their families will follow the mass at 12:00 noon in Jubilee Hall. The cost of the retreat is **\$150.00.** A registration deposit of **\$60.00**, made payable to **“MVFC, Inc.”** must be submitted with this form, to reserve your place, **NLT Oct. 21, 2019.** The remaining balance, **\$90.00**, will be due at the Thursday evening check-in. **PLEASE NOTE:** Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, arrangements can be made by contacting, Ben Cardenas at Cell 210-601-9138. Confidentiality will be maintained.

Please send your completed registration form to:

Military Veterans for Christ, Inc.
P.O. Box 5648
San Antonio, TX 78201

You will receive a letter or email about 10 days prior to the retreat describing all the necessities you will need for the weekend. In the event, you must cancel, please call **Gilberto “Grouch” Villarreal (210) 577-6185** as soon as possible as your place may be made available to another retreatant. Cancellations up until **Oct. 28, 2019** will receive a full refund of money paid. After that date you will lose your deposit.

Detach and return the completed bottom portion of the form.

Please Print

NAME: _____ AGE: _____ RELIGIOUS AFFILIATION: _____

ADDRESS: _____ CITY: _____ ST.: _____ ZIP: _____

PHONE: _____ CELL: _____ E-MAIL: _____

SERVED IN: _____ ACTIVE/RESERVE/MUSTERED OUT: _____ YEARS of SERVICE: _____

EMERGENCY CONTACT PERSON: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ ST.: _____ ZIP: _____

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

E-MAIL: _____

Will you have special dietary needs during the weekend? Please describe: _____

If you have a health problem, need to take prescription drugs, give yourself shots, heart problems, or physical limitations requiring special assistance, please circle one and someone will call you to obtain further details if needed. Yes or No

In the event of an emergency, the MVFC team will call the emergency contact listed above and emergency services (9-1-1) if needed. **We will not be responsible for providing health services but will do everything possible to offer a comfortable Retreat based on your needs.**