

Contact Suzann Corral ([maryswood@mac.com](mailto:maryswood@mac.com)) if you prefer to pay for the retreat by PayPal.

**MOUNTING THE SUMMIT YOUNG ADULT RETREAT REGISTRATION**

Please print out this registration form and mail it with your retreat payment as soon as possible to:

Suzann Corral (please make checks out to Suzann Corral)

614 S. Dakota

Tampa FL 33606

REGISTRATION FORM FOR YOUNG ADULT RETREAT

Event: Young Adult Retreat hosted by Apostles of the Eucharist young adult group

**Location:** St. Paul Catholic Church, **12708 N Dale Mabry Hwy, Tampa, FL 33618**

**Dates and Time:** Friday, July 20, 4:00 p.m. registration, until Saturday, July 21, 8 p.m.

**Name of Young Adult:** \_\_\_\_\_ **Date of birth** \_\_/\_\_/\_\_

**Home address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Emergency contact: Name** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Age** \_\_\_\_\_ **How did you hear about our retreat?** \_\_\_\_\_

**Your parish:** \_\_\_\_\_

**Medical information:** Please list all information pertaining to allergies, diet, special medicine, health conditions or any other information necessary in an emergency situation. Explain fully:

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**CONSENT AND RELEASE:**

**General: I understand and assume the risk inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of each person attending the retreat. I, individually, do hereby release, covenant not to sue, and save harmless: The Most Reverend Bishop Gregory Parkes of the Diocese of St. Petersburg, the above parish representatives, employees, agents and volunteers for the event, from any and all claims for any and all harm arising as a result of my participation in this event.**

\_\_\_\_\_ Date: \_\_/\_\_/\_\_  
Signature