COPTIC MONASTERY OF ST. SHENOUDA
ROCHESTER–NEW YORK

INDIVIDUAL RETREAT FORM

NAME _____

STREET ADDRESS _____

CITY_____ STATE _____ ZIP _____

If not US resident, please give country of residence:_____

HOME PHONE_____ CELL PHONE_____

E-MAIL _____

AGE ____ GENDER __ M __ F MARITAL STATUS_____

CHURCH NAME_____

CHURCH ADDRESS_____

CHURCH CITY _____ STATE_____ ZIP _____

FATHER OF CONFESSION _____

MEANS OF TRANSPORTATION _____

LENGTH OF STAY_____ NIGHTS

ARRIVAL DATE _____

DEPARTURE DATE _____

MEDICAL/INSURANCE INFORMATION:

Insurance Card Carrier / Number: _____

Special Conditions: _____

Allergies (food & medication): _____

Family Doctor (Name / Telephone): _____

Other Emergency Contact: (Name / Telephone): _____

AGREEMENT

I, _____, agree to use and occupy the property in accordance with the rules and guidelines of the Coptic Monastery of St. Shenouda. I further waive and release any and all claims against The Coptic Monastery of St. Shenouda (the "Monastery") and do hereby indemnify and hold the Monastery harmless as to any claim for personal injury, including wrongful death, and property damage occurring as the result of the use and occupancy of the property, excluding any such injury or damage due to the Monastery's negligence.

_____ _____

Signature Date