Sign me up for the Family Retreat Day!

Family Name: _____ Phone: _____

Address: _____

_____

Email: _____

Please send completed registration form to:

Archdiocese of Baltimore
C/O Deacon Bill Fleming
Office of Special Needs Ministry
320 Cathedral Street
Baltimore, MD 21201

Family members participating

First name	Age	Parish Registered	If this person has special needs, indicate what those needs are (please include a diagnosis if you don't mind sharing)	Does this person have any dietary restrictions? If so, please list those restrictions.

Parents do not need to indicate their age. ☺