



SOURCE + SUMMIT RESERVATION FORM ADULT RETREAT

Name _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Email _____

Parish _____ Amount Enclosed _____

(CUT HERE)

Please fill-in, cut and mail the above registration form with \$25 (\$15 if you have a child attending the Youth Retreat) check made payable to Catholic Diocese of Evansville by March 8 to:

Source + Summit Adult Retreat
C/O Willy Schmitt
15715 McCutchan Rd.
Evansville, IN 47725

After March 30 please register at the door but reserve your spot by emailing sourcesummitadult@att.net.

Questions:

Please call 812-453-1024 or email sourcesummit@evdio.org.