

BLESSED TRINITY SHRINE RETREAT
Registration Form

(Please print out and mail with deposit)

Name: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail _____

Title and Date of Retreat _____

Deposit enclosed: _____

Please make check payable to MSBT and mail to:
Blessed Trinity Shrine Retreat
107 Holy Trinity Rd.
Ft. Mitchell, AL 36856

If you wish confirmation, please include a stamped, self-addressed envelope.

For Individual Retreats, please call Blessed Trinity Shrine Retreat: 334-855-4474.