Contact Information:

First Name:

Last Name:

Phone Number:

Email Address:

Address:

Emergency Contact Information:

Emergency Contact Name:

Emergency Contact Phone Number:

Are you allergic to anything food related?

Do you have any questions or concerns?

**Please submit this form and your cash/check ($20) to Our Lady of the Snows Parish Office**

If by mail: Attn: Mariah Nickerson, Our Lady of the Snows Parish, 1138 Wright St., Reno, NV 89509

For check, please address to **Our Lady of the Snows Parish** and put in the memo **Women’s Retreat**