

Newman Quest 2010

ALL THINGS IN YOU

FOCUS

Made in the image of the Divine, we believe that the presence and love of the Gracious One in our hearts guides us in our search for the living Christ in the moments of our lives. Our membership in the Body of Christ helps us to recognize those holy moments as part of the great mystery of faith, which is constantly unfolding. Together we will pray and encourage one another through the sharing of our faith stories to reflect on how we strive to live in Christ, the center of our lives.

WHEN

Friday, February 19-Sunday, February 21, 2010

LOCATION

DeSales Retreat and Spiritual Center – Brooklyn, MI

REGISTRATION INSTRUCTIONS (PLEASE READ CAREFULLY)

Registration opens Monday, January 25th at Noon in the Student Union (Room TBA). Complete and detach the form below and return it with the registration fee of \$30.00 (checks payable to CCUP). You must register in person. Electronic payments (credit/debit cards) are accepted via the "Electronic Payments" link at www.ccup.org ONLY after we have received your registration form. A select number of spots will be reserved for first-time retreatants.

FOR MORE INFORMATION

Contact Mary Lynn Delfino by phone at 419-531-4992 or by email at mldelfino@ccup.org.

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NEWMAN QUEST 2010 – "ALL THINGS IN YOU"

Name: _____ Phone: _____
Email Address: _____ Year of Graduation: _____
Local Address: _____

NOTE: YOUR RESIDENCE HALL & ROOM NUMBER ARE ALL WE NEED IF YOU LIVE ON MAIN CAMPUS.

Newman Quest Information

I have attended Newman Quest Yes ___ No ___ (if yes, when? _____)

Arrival and Transportation Information

Can you be at CCUP by 4:00 p.m. on Feb. 19th? Yes ___ No ___ If not, what time can you be at CCUP? _____

Are you willing to be a driver? Yes ___ No ___ If yes, how many people can you transport, including yourself? _____

Payment Information

Cash ___ Check ___ Credit / Debit Card via CCUP Website ___ (payment must be received within 24 hours)

Emergency Contact Information

Name of Parent(s): _____ Phone: _____

Email Address: _____

Mailing Address: _____

HOUSE NUMBER / STREET

CITY

STATE

ZIP

Wellness Information

Dietary/Preferences Restrictions: _____

Allergies: _____

Other Medical Information/Accommodations _____