



BASIC CHRISTIAN COMMUNITY of HAWAII

RETREAT REGISTRATION FORM

NAME: _____ Like to be called _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

ADDRESS: _____

E-mail address: _____

Date of Birth: _____ [] Female [] Male

Religion: _____ Church: _____

Do you require special attention: [] Yes [] No If yes, please explain: _____

In case of emergency whom do we notify?

Name _____ Phone _____

Preferred Hospital _____ Medical Plan _____

Desired Retreat date: _____ Invited by: (if known) _____

A donation of \$80.00 is requested to defray the cost of all meals, snack, writing materials, room and board. If there is difficulty in paying in full, arrangements can be made to pay in installments, or call one of the cell group leaders nearest you. We don't want to turn anyone away.

*I understand that according to the Roman Catholic Church, receiving Communion is linked with being in communion with the Pope and pastors of the Church. Those who receive Holy Communion at a Catholic Mass **not** only receive the Body and Blood of Jesus Christ but also publicly express their unity with **the pastors of the Roman Catholic Church**. Therefore, Catholic sacramental communion is only open to **those who believe that the Eucharist is the Body and Blood of the Lord and who are in unity with the pastors of the Catholic Church.***

Signature: _____ Date: _____

Please make check payable to: **Basic Christian Community of Hawaii**

Submit your application with payment *to your sponsor* or mail to:

Raul Perez

91-1012 Hoea St., Kapolei HI. 96707

Phone:(808) 256-9000

A confirmation letter or phone call will be made to you upon receipt of application.