

Date --

## **HESYCHIA RENEWAL REGISTRATION FORM**

| Name of Retreat: <b>Hesychia Renewal</b>                        | Retreat Dates: March 30-April 6, 2025 |
|-----------------------------------------------------------------|---------------------------------------|
| Your Name:                                                      |                                       |
| Are you an HSSD alum? Yes; I<br>Have you practiced SD? Yes; I   |                                       |
| Your Address:<br>City, State, Zip:<br>Phone Number: A<br>Email: | Iternate Phone Number:                |
| Date and Time of Arrival (no early arriva                       | al date):                             |
| Date and Time of Departure: Wish to extend departure date: Yes  | s; No                                 |
| Single room                                                     |                                       |
| Total cost: for Single (program, and roo<br>Deposit: \$50.00    | m and board) is \$1,500.00            |
| Dietary Restrictions: (please describe)                         |                                       |

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