



**Deanery Host Parish Informational Sheet
Retreat**

Host Parish Name: _____

Parish Address: _____

City: _____ State: _____ Zip: _____

Contact Person (in charge of retreat): _____

Cell Phone: _____ Other Phone: _____

E-mail: _____

Date of Retreat: _____ Time: _____

Cost per person: _____ Ages or grade levels: _____

Place of the retreat (name and address) if not at church grounds:

Room Capacity: _____

Estimated number of host parish retreatants _____ (spots reserved)

Name of the Retreat Team (if not the host parish volunteers): _____

Title (theme) of the Retreat: _____

Signature of the Pastor: _____

Mail to:

Diocese of Amarillo
Attn: Youth Office
4512 NE 24th Avenue
Amarillo, Texas 79107

FAX: 806-383-8452
e-mail: oguzman@dioama.org