Tree of Life
Centre for Christian Belief,
Spirituality and Australian Culture

Tree of Life Ignatian Retreat Application/Registration Form

Title: _____ First Name: _____

Surname: _____

Address: _____

Mobile: _____

Email: _____

Emergency Contact

Name: _____

Number: _____

Please indicate any special dietary requirements:

_____

_____

Complete and return to:

The Revd Judy Van Rossum judithaclay1@bigpond.com

Payment by EFT to:

The Diocesan Trustees
BSB 706-001
A/C 3000 3481
Ref: "ToL Ign Ret"

Email judithaclay1@bigpond.com to advise the Director when payment has been made.