

2008 CSU ALUMNI RETREAT
Marywood Retreat Center - Jacksonville, FL

Return Form to: Catholic Student Union P.O. Box 2334, Tallahassee, FL 32316-2334

Please help us:
 1. Return these forms by April 15th (send with your taxes if or earlier). We may be tight on space!
 2. Make sure you include your e-mail, as we will send you more details (directions, etc.) later.
 --- And make sure we can Read your handwriting!

CSU Reunion Retreat: May 23-25, 2008
Registration Form

NAME: _____ **Spouse:** _____
Attending? Yes _____ No _____

Where can we find you?

Address: _____

City _____
State: _____ **Zip:** _____

Tel #1 (____) _____ - _____
Tel #2 (____) _____ - _____

E-Mail 1: _____
E-Mail 2: _____

The Next Generation

Name:	Age:	M/F:
1		
2		
3		
4		
5		

...add extra sheets as necessary!

Counting the Cost

Lodging Fees
*Rooms are Motel Style
 Each room has a single and a double bed
 Please let us know if you are staying off campus*

Single (\$130/wkend)	\$130/person	\$
Double (\$150/wkend)	\$ 75/person	\$
Triple (\$170/wkend)	\$ 57/person	\$
Family (\$170/wkend)		\$

1. Lodging Total \$ _____

Conference Fees
*Includes: meals, conference rooms, materials, travel and Team expenses
 (Brothers, priests, service teams), etc.*

Single	\$ 85/person =	\$
Married Couple	\$150/couple =	\$
Children 3 to 12 yrs	\$25/child =	\$
Children under 3	Free	

2. Conference Total \$ _____

Note: if you want to room with someone specific (same sex unless married!) indicate here. You are responsible to contact that person.

Rooming with?: _____

3. Child-care Fee (\$35/family) \$ _____

TOTAL COSTS

1. Lodging Total	\$ _____
2. Conference Total	\$ _____
3. Child-care Fee (\$35/family)	\$ _____
Total Amount Due (1+2+3):	\$ _____
\$50 Deposit (non-Refundable)	\$ _____

Registration deadline May 11, 2008 [aka: Mother's Day, Pentecost]

Special Needs:

Need a Ride from the Airport? How Many? _____ **Jacksonville Airport is your best bet!**
 Date: _____ Arrival Time _____ at Airport: _____
 Date: _____ Departure Time: _____ from Airport: _____

Dietary Needs? Please Specify: _____

Other Needs? Please Specify: _____