

**CHRISTIAN EXPERIENCE WEEKEND**  
**OUR LADY OF LOURDES**

**Women's Weekend**  
**Feb. 2, 3, & 4, 2024**

**Men's Weekend**  
**Feb. 16, 17 & 18, 2024**

**REGISTRATION**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(As you wish it to appear on your nametag)

**ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (ZIP)

**PARISH:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_  
(or Church Affiliation)

Please fill out this registration as completely as you can. All information is optional, but it will help the leadership team to know you as an individual and to fit their presentation to your needs.

**This registration form will be destroyed at the end of the weekend.**

**Birth Date:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Children/ages:** \_\_\_\_\_

**Religious Denomination:** \_\_\_\_\_

**Educational Background:** Please list schools attended and number of years completed.

\_\_\_\_\_

Please list the organizations to which you belong (Business, Professional, Veteran, Political, Religious, etc.):

\_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

Have you or any of your friends or relatives made a renewal type weekend? If so, please list their name(s) and the type of renewal: \_\_\_\_\_

\_\_\_\_\_

**\*\*Note any special health problems or dietary needs on back of page.**

**\*\*Please use the back of this page to give a brief, frank idea of your expectations from this weekend. What do you hope it will do for you?**

The total cost for the weekend is \$35.00. Thick sleeping mats will be provided.

**Payment Method:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Venmo; @lolcew: \_\_\_\_\_

Make check payable to OLOL-CEW.

**RETURN REGISTRATION TO:** Emily Andes  
18 Estate CT.  
Bettendorf, IA 52722  
[Ekandes3@gmail.com](mailto:Ekandes3@gmail.com) 563-940-2201

Kevin Shepard  
1716 Jordyn CT.  
Davenport, IA 52807  
[kevin.shepard1716@gmail.com](mailto:kevin.shepard1716@gmail.com) 563-271-3515

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**HEALTH Information**

Please list any existing health problems that may be of concern during the weekend: \_\_\_\_\_

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Please list any known allergies: \_\_\_\_\_

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**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Any special instructions? \_\_\_\_\_

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**DIETARY Needs**

Please list any known food allergies: \_\_\_\_\_

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Please list any special dietary needs: \_\_\_\_\_

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<b>NOTE: This registration form will be destroyed at the end of the weekend.</b>
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WEEKEND EXPECTATIONS:** \_\_\_\_\_

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