

# SEARCH Retreat Application

Name: \_\_\_\_\_

Female     Male

Senior     Junior     Sophomore     Freshman

Cabrini Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

What is your religious affiliation, if any? \_\_\_\_\_

When does your last Friday class end? \_\_\_\_\_

Do you have any food allergies/dietary needs? \_\_\_\_\_

If Resident:

Campus Address: \_\_\_\_\_

***Please fill out this form in full.***

This application, a copy of the front and back of your medical insurance card, and a \$20 deposit are due to the Campus Ministry Office, Founder's Hall room 302, no later than February 3, 2012.

Questions: Please ask Stephanie Salinis, Campus Minister, at [ss3593@cabrini.edu](mailto:ss3593@cabrini.edu) or 610-902-8225.