## **Women's Day of Recollection Registration**

## **December 22, 2024**

Participant's name:	Phone:
Address:	City/State/Zip
Email address:	Date of Birth:
Emergency Contact Name:	
Emergency Contact Phone(s):	Relation:
Do you have any food allergies? Gluten Dair	ry Other:
Do you have any medical condition(s) the director of t	his event, Fr. Michael Isenberg, should be aware of?
Yes No If YES please explain:	

Please return this form to the Office of Vocations by December 16, 2024

vocations@arlingtondiocese.org

Catholic Diocese of Arlington / Office of Vocations / 200 N. Glebe Road, Suite 901 / Arlington, VA 22203