

**Please Detach and Retain for Your Reference**

**HEALTH AND SAFETY NOTICE**

The Couples Retreat #2 (“the Retreat”) is a 3-days stay-in retreat which involves community living. The Retreat is intensive and its sessions can be demanding. To fully benefit from the Retreat, you are required to actively participate in the Retreat.

In the interests of your health and well-being, if you have not been feeling well lately, or if you have had problem sleeping lately, or are under treatment or medication for depression and/or other forms of psychological concerns, please seek the advice of your doctor before participating in the Retreat.

Upon your written request, the Catholic Spirituality Centre (“CSC”) will provide you and/or your doctor with further information about the Retreat to enable you to make an informed decision concerning your participation.

Please Detach and Retain for Your Reference

**COUPLES RETREAT #2 (STAY-IN)**

*Limited to 10 couples only*

Dates: 10 to 12 November 2017 (3 days – Friday to Sunday)  
Venue: Catholic Spirituality Centre (“CSC”)  
1261 Upper Serangoon Road, Singapore 534796  
Conducted by: Rev. Fr. Erbin Fernandez  
Check-in time: 7.00pm, Friday      Check-out time: 5.00pm, Sunday

**Registration Fee: \$160.00 per Couple (Non-Refundable, Non-Transferable, Non-Deferrable)**, payable at time of registration.

*NOTE: This fee excludes the costs of meals and drinks which will be provided free of charge.*

Only Registration Forms (Form: Section A) accompanied by full payment and the **Declaration & Undertaking Form** (Form: Section D) **duly completed and signed by the registered applicant** will be accepted at point of registration.

Cheques are to be crossed and made payable to ‘**Catholic Spirituality Centre**’

Official confirmation of acceptance of registration will be given within 14 days upon receipt of application, provided all required forms (duly completed and signed) and full payment of registration fees have been received by CSC.

Accommodation: Separate Male & Female Multiple Occupancy Rooms

Things to bring: Bible, journal, writing materials, alarm clock, toiletries, slippers, towel, bermudas & long pants, small torch light, cardigan/jacket, personal medication, Rosary & proper attire for Mass/Adoration

**Notes:**

- i. This is a 3-days stay-in retreat. In order to reap maximum benefits from the retreat:
  - i. participants must ensure that they are able to attend **ALL** sessions of the retreat; and
  - ii. participants are advised against leaving the premises of CSC at any time during the retreat.
2. There is no lift in CSC.

Tel: 6288 7901 / 6858 2716

Email: retreat@csctr.net

**This Section must be duly completed and signed by the Applicant and attached to Section A.1 of this form for Registration**

### DECLARATION & UNDERTAKING

I, the undersigned, hereby agree to attend the COUPLES RETREAT #2 ("the Retreat"), a 3-days stay-in retreat organised by the Catholic Spirituality Centre ("CSC") and held at their premises at 1261 Upper Serangoon Road, Singapore 534796 ("the Centre") from 10 to 12 November 2017. I shall abide by the CSC House Rules for the Retreat, and agree to stay in at the Centre at all times during the Retreat.

**I hereby give consent** to CSC to retain the information provided in all Sections of this form and to use the information for the activities and operations of CSC including future outreach, knowing that CSC will abide by Singapore's Personal Data Protection Act 2012.

**I hereby affirm** that I have full consent of the person(s) listed as my preferred roommate (if any) and of my emergency contact person to disclose his/her name and contact details to CSC and I will indemnify CSC for any breach thereof.

**I confirm that I have read the Health and Safety Notice (Form: Section C) and hereby I declare that:** *(please tick (✓) as appropriate):*

- I am fit to participate in the Retreat  
 My doctor has certified me fit to participate in the Retreat.

I understand that I should continue to take all forms of medications as prescribed by my doctor during and subsequent to the Retreat, and shall seek confirmation from my doctor prior to stopping any medication.

I am fully aware that the Retreat may be intensive and I willingly accept all possible risks involved in participating in the Retreat, including but not limited to, physical/emotional discomfort and reactions. I confirm that I have voluntarily agreed to participate in the Retreat and, except for death or personal injury resulting from CSC's gross negligence, I shall not hold CSC, its owners, servants, agents, leaders, staff and/or volunteers responsible or in any way liable for any death, injury, disability, loss or damage, arising in connection with the Retreat and my participation therein.

\_\_\_\_\_  
Name of Applicant (as in NRIC or passport)

\_\_\_\_\_  
NRIC or Passport No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This Section must be duly completed and signed by the Applicant and attached to Section A.1 of this form for Registration**

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\_\_\_\_\_  
Name of Applicant (as in NRIC or passport)

\_\_\_\_\_  
NRIC or Passport No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REGISTRATION FORM**  
**COUPLES RETREAT #2**  
**10 to 12 November 2017 (Friday to Sunday)**

**Form: Section A.1**

Name as in NRIC or Passport (in CAPITAL LETTERS and underline SURNAME)

I/C or Passport No:

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Christian Name to Appear on Name Tag :

Address: Block

Unit: #

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

Post Code: \_\_\_\_\_

Tel

Age

Male  Female

**Email:** \_\_\_\_\_

Have you attended CER before?

Yes  No

Catholic

Name of Parish \_\_\_\_\_

Ministry Served at Parish \_\_\_\_\_

Non-Catholic

Religion \_\_\_\_\_

For Christians, please indicate your Christian denomination

Preferred roommates (if any) \_\_\_\_\_

Remarks (e.g. special requirements due to medical condition):  
\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency:

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

Tel: (H/P) \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_

For Official Use

S/No:

Payment: \$ \_\_\_\_\_  Cash  Cheque: Bank \_\_\_\_\_ Chq # \_\_\_\_\_

Receipt #: \_\_\_\_\_

Repeat:  Yes  No  Others \_\_\_\_\_

Input by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Confirmation sent on: \_\_\_\_\_  Email  Post

**REGISTRATION FORM**  
**COUPLES RETREAT #2**  
**10 to 12 November 2017 (Friday to Sunday)**

**Form: Section A.2**

Name as in NRIC or Passport (in CAPITAL LETTERS and underline SURNAME)

I/C or Passport No:

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Christian Name to Appear on Name Tag :

Address: Block

Unit: #

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

Post Code: \_\_\_\_\_

Tel

Age

Male  Female

**Email:** \_\_\_\_\_

Have you attended CER before?

Yes  No

Catholic

Name of Parish \_\_\_\_\_

Ministry Served at Parish \_\_\_\_\_

Non-Catholic

Religion \_\_\_\_\_

For Christians, please indicate your Christian denomination

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\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency:

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

Tel: (H/P) \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_

For Official Use

S/No:

Payment: \$ \_\_\_\_\_  Cash  Cheque: Bank \_\_\_\_\_ Chq # \_\_\_\_\_

Receipt #: \_\_\_\_\_

Repeat:  Yes  No  Others \_\_\_\_\_

Input by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Confirmation sent on: \_\_\_\_\_  Email  Post