

**Please Detach and Retain for Your Reference**

## HEALTH AND SAFETY NOTICE

The Prayer Experience Retreat (“the Retreat”) is a 3-day 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.

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

## DECLARATION & UNDERTAKING

I, the undersigned, hereby agree to attend the PRAYER EXPERIENCE RETREAT#24 (“the Retreat”), a 3-day stay-in retreat organized by the Catholic Spirituality Centre (“CSC”) and held at their premises at 1261 Upper Serangoon Road, Singapore 534796 (“the Centre”) from 20 July to 22 July 2018. I shall abide by CSC’s 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 Act of 2012.

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

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

( ) I am fit to participate in the Retreat OR

( ) 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/Passport)

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

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

\_\_\_\_\_  
Date

**REGISTRATION FORM**  
**PRAYER EXPERIENCE RETREAT#24 by CSC Retreat Team**  
**20 to 22 July 2018 (Friday to Sunday)**

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

NRIC or Passport No:

Name to Appear on Name Tag

Address: Block  Unit #

Street Name: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel:  Age :

Email:  Male:

Have you attended a CER before? Yes  No  Female:

Catholic  Parish \_\_\_\_\_

Are you in Church ministry? Yes  Ministry served \_\_\_\_\_ No

Non-Catholic  Religion/Christian Denomination: \_\_\_\_\_

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

**Note: Separate Male & Female Multiple Occupancy Rooms**

Remarks (e.g. medical condition): \_\_\_\_\_

Food Allergy (if any) \_\_\_\_\_

Person to contact In case of emergency:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

.....  
**For Official Use** S/No

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

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

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

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

Confirmation Sent by: \_\_\_\_\_ Email  Post

**PRAYER EXPERIENCE RETREAT #24 (STAY-IN)**

Dates: 20 to 22 July 2018 (3 days – Friday to Sunday)  
**Registration Opens: Fri, 8 June 2018** **Closing date: Thurs, 12 July 2018**  
 Venue: Catholic Spirituality Centre ("CSC")  
 1261 Upper Serangoon Road, Singapore 534796  
 Conducted by: CSC Retreat Team  
 Check-in time: 8.30am, Friday Check-out time: 6.00pm, Sunday  
**Registration Fee: \$120.00 (Non-Refundable, Non-Transferable, Non-Deferrable)** payable at time of registration. **NOTE: This fee excludes the costs of meals & 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.

**Incomplete and non-compliant registration forms will not be accepted.** 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: Multiple Occupancy Room (**Separate Male & Female**)  
 Things to bring: Bible, journal, writing materials, alarm clock, toiletries, water bottle, bermudas, long pants, slippers, towel, small torch light, cardigan/jacket, personal medication, Rosary and **proper attire for daily Mass/Adoration.**

- Notes:**
1. Retreatants should prepare themselves by going for the Sacrament of Reconciliation prior to the retreat.
  2. Keep an open mind and prepare for an intense prayer experience.
  3. There is no lift in CSC.
  4. This is a 3 day 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 at any time during the retreat.

Form is available at our website ([www.csctr.net](http://www.csctr.net)) and Admin Office  
 Tel: 6288 7901 / 6858 2716  
 Email: retreat@csctr.net