

Dominican Faith Camp Registration Form



Name _____

Street address _____

City _____

State _____ Zip _____

Phone #1 _____

Phone #2 _____

Parish _____

Date of Birth _____
Month Day Year

E-mail Address _____

Room preference:

_____ I would like to share a room with: _____
Name

_____ I would like to have a room to myself.

You will be receiving a free T-shirt with the camp symbol on it.
Please indicate the size you would like:

Adult Size: Small Medium Large Extra Large

Please send form and registration fee
(\$50 payable to Dominican Sisters of Springfield, Illinois) to:
Sister Loyola Miller - 1237 West Monroe St. Springfield, IL 62704
Questions? Contact Sister Teresa Marron - srteresa@spdom.org - 708.207.1874
Website: www.springfieldop.org