Visit Friends of Medjugorje online at: www.friendsofmedjugorje.com

----------RESERVATION FORM----------

PLEASE PRINT

Date of Retreat Pilgrimage _____

( ) I have enclosed $250 payment.
( ) I have enclosed full payment.
(Please see Reservations & Payments)

_____
Last Name First Name

_____
Street Apt.

_____
City State Zip

CHECK PAYABLE TO AND MAIL TO:

Friends of Medjugorje
511 Southwood Lane
St. Joseph, MO 64506

_____ _____
House Phone Business Phone Age

Roommate Name: Smoker? Yes _____ No _____

My (our) signature(s) indicate that I (we) have read and agreed to the terms and conditions listed on our website: www.friendsofmedjugorje.com

_____ _____
Signature Date