

Day of Retreat
Praying Through Change
Registration Form

Name: _____

Address: _____

Cell Phone # _____

Email Address _____

Dietary
Restrictions: _____

Mail to: Church of The Transfiguration
Attn: Meg Kastner
50 West Bloomfield Road Pittsford, NY 14534-9733

This form and payment must be received by January
10, 2024

Questions? Contact Anne.Gallagher@dor.org / 585-
248-2427

For Office Use

Date Payment Received: _____ Rcvr Init: _____

Chk/Amt.: _____ Cash/Amt: _____