

Registration Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

PROGRAM _____ DATE _____

PROGRAM _____ DATE _____

PROGRAM _____ DATE _____

Do you have any special dietary or physical needs that we must meet during your stay with us?

If you choose to pay for the program with this registration, please make the check payable to: Congregation of St. Joseph

And mail to: The Magnificat Center
3700 E. Lincoln
Wichita, KS 67218

Registration may also be made by contacting:
Nell Kaba
Phone: 316-689-4081
Fax: 316-613-7098
E-mail: nkaba@csjoseph.org

CANCELLATION OF A PROGRAM: The Magnificat Center reserves the right to cancel or postpone programs. Programs may be cancelled if fewer than the required number of participants is enrolled and in cases of an emergency or unavailability of the presenter. Every effort will be made to avoid canceling.

Visit our website at: www.themagnificatcenter.org