



**COPTIC MONASTERY OF ST. SHENOUDA  
ROCHESTER-NEW YORK**

**FAMILY RETREAT FORM**

**FAMILY MEMBERS:**

- 1) \_\_\_\_\_ Age: \_\_\_\_\_
- 2) \_\_\_\_\_ Age: \_\_\_\_\_
- 3) \_\_\_\_\_ Age: \_\_\_\_\_
- 4) \_\_\_\_\_ Age: \_\_\_\_\_
- 5) \_\_\_\_\_ Age: \_\_\_\_\_
- 6) \_\_\_\_\_ Age: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

If not US resident, please give country of residence: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CHURCH NAME \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

CHURCH CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER OF CONFESSION \_\_\_\_\_

MEANS OF TRANSPORTATION \_\_\_\_\_

LENGTH OF STAY \_\_\_\_\_ NIGHTS

ARRIVAL DATE \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

**MEDICAL/INSURANCE INFORMATION:**

Insurance Card Carrier / Number: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Allergies (food & medication): \_\_\_\_\_

Family Doctor (Name / Telephone): \_\_\_\_\_

Other Emergency Contact: (Name / Telephone): \_\_\_\_\_

**AGREEMENT**

We, the above named persons, agree to use and occupy the property in accordance with the rules and guidelines of the Coptic Monastery of St. Shenouda. We further waive and release any and all claims against The Coptic Monastery of St. Shenouda (the “Monastery”) and do hereby indemnify and hold the Monastery harmless as to any claim for personal injury, including wrongful death, and property damage occurring as the result of the use and occupancy of the property, excluding any such injury or damage due to the Monastery’s negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date