

NAME _____

Date _____

Email _____ Phone _____

Time _____



PPQG 2026 RETREAT REGISTRATION

May 27 – 30, 2026

Franciscan Retreat Center

7740 Deer Hill Grove, Colorado Springs, CO 80919

Wednesday 5/27/26	Thursday 5/28/26	Friday 5/29/26	Saturday 5/30/26
11:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 5:00 pm (+ Overnight Stay)	9:00 am – 12:00 Noon

<input type="checkbox"/> \$50 DEPOSIT <i>(Non-refundable; due at registration to reserve your spot)</i> Amount Paid \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <i>If deposit only paid, do not add to Total Due</i>	<p>OVERNIGHT ATTENDEES</p> <p><input type="checkbox"/> BALANCE DUE By April 1 <i>(Add amount from section(s) below)</i></p> <p>Deposit \$ _____ Lodging/Retreat Fee \$ _____ Meals \$ _____ Total Due \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card</p>	<p>DAYTIME ATTENDEES</p> <p><input type="checkbox"/> BALANCE DUE By April 1 <i>(Add amount from section(s) below)</i></p> <p>Deposit \$ _____ Retreat Fee \$ _____ Meals \$ _____ Total Due \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card</p>
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OVERNIGHT LODGING

OVERNIGHT LODGING COST (3 nights) – Select One

Single Room **\$ 300 ****
 Double Room **\$ 165 ****
 Triple Room **\$ 120 ****

+ Retreat Fee \$ 75

Total \$ _____

Rooms have Single Bed(s) with 1 Shared Bathroom. 20 Double, 1 Single, and 2 Triple Rooms available.

*** Room requests are 1st come; 1st serve.*

Special Lodging Requests:

Do you need wheelchair access, or do you have mobility issues (i.e. stairs, etc.)?
 Roommate Request?*

 (Name)

 (Name)

** If no roommate is requested, random pairing will occur.*

DAYTIME ONLY

Wednesday, 5/27

Thursday, 5/28

Friday, 5/29

Retreat Fee **\$25/day**

Retreat Fee **\$25/day**

Retreat Fee **\$25/day**

Total of days selected above \$ _____

Note: Venue meeting room sizes limit our total attendance to no more than 50 per day. Overnight lodging registration will take priority over daytime registration. Daytime registration will be on 1st come, 1st serve after overnight registration is closed.

HOT MEALS In Guest Dining Room

Note: Due to rising costs compared to 2025 costs, we are offering the ability to select specific meals you want in the dining room at an additional fee.

Select Single Meals Per Day OR Select All Meals

Wednesday, 5/27

Thursday, 5/28

Friday, 5/29

Saturday, 5/30

Lunch \$ 24
 Dinner \$ 30
(Tax Included)

\$ _____

Breakfast \$ 17
 Lunch \$ 24
 Dinner \$ 30
(Tax Included)

\$ _____

Breakfast \$ 17
 Lunch \$ 24
 Dinner \$ 30
(Tax Included)

\$ _____

Breakfast \$ 17
(Tax Included)

\$ _____

Total Based on Meal Selections Above \$ _____

Add this amount to Pg 1 "Meals" Balance Due

All Meals - \$ 213

Add this amount to Pg 1 "Meals" Balance Due

Breakfast served (8:00 am) – Thursday, Friday, Saturday

Lunch served (12:00 Noon – Wednesday, Thursday, Friday)

Dinner served (5:00 pm) – Wednesday, Thursday, Friday

Gluten Free Food Restriction (Check if Yes)

NOTE: Gluten Free food restriction is the only allergy recognized for the food menu.

OTHER REGISTRATION INFORMATION

Do you have other concerns or restrictions not addressed elsewhere in this registration form?

Emergency Contact: Name _____ Phone _____