



OLMSTED EVENT REGISTRATION FORM

Event: _____ **Event Date(s):** _____

Name: _____

Email: _____ **Phone:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Is this your first retreat at Olmsted? YES NO

Do you require a handicap accessible room? YES NO

Please list any food allergies/intolerances so that we may accomodate them:

Please indicate your roommate request if you have one: _____

Please send completed form to:
Olmsted Manor Retreat Center
P.O. Box 8
Ludlow, PA 16333

Questions about registration?

(814) 945-6512