



Opus Sanctorum Angelorum
Work of the Holy Angels
Retreat Registration Form

Retreat: _____
(Please send \$50 non-refundable first deposit with retreat registration.)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Checks payable to: Opus Angelorum

**Mail to:
Opus Angelorum
164 Apollo Rd SE
Carrollton, OH 44615
(330) 969-9900**