
Registration Form

Name: _____

Established Centering Prayer Practice: Yes _____ No _____

If "No" will you be attending the introduction to Centering Prayer at St. Luke's Church? Yes _____ No _____

Street Address: _____

City: _____ State: _____ Zip: _____

email: _____ Telephone _____

Prior to September 30, 2017, please attach a check for \$190 payable to Contemplative Outreach - Indianapolis.

After September 30, please attach a check for \$210.

If in need, do not attach a check, but please include a brief description of your Centering Prayer experience and the amount of financial assistance you will need in order to be able to attend.

Mail your check and this registration to Contemplative Outreach, 5710 Broadway Terrace, Indianapolis, IN 46220.