



# Roots & Branches:

## Programs for Spiritual Growth

### Registration Information For the Taizé Community

For centuries, people have journeyed to holy places for spiritual renewal. Roots & Branches is pleased to facilitate this pilgrimage for you as you make both an outward and inner journey to one of the great wellsprings of the Spirit available to us in our time. The Taizé Community will need the following information to confirm your registration. Please complete and return this form to us as soon as possible.

Name: (please print): \_\_\_\_\_

*Last*

*First*

*Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_  
*Area Code* *Number* *Area Code* *Number*

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

I have already been to Taizé: Yes/No (last stay: month \_\_\_\_, year \_\_\_\_)

Special Needs: Taizé attempts to accommodate persons with special health needs, if possible. Please respond to the following questions concerning such needs.

Are you a vegetarian? Yes/No I am a: woman \_\_ man \_\_ couple \_\_  
disabled person \_\_ helper of disabled person \_\_  
family with \_\_ children aged: \_\_, \_\_, \_\_, \_\_, \_\_.

*Please continue on the flip side of the form.*



## Registration Information For the Taizé Community (cont.)

Do you require a special diet because of diabetes or some other medical condition? If so, be specific about the kind of diet you need. (Please Print)

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Contact Person in Case of Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

*Area Code*

*Number*