

BENEDICTINE HOSPITALITY AT SAINT LEO ABBEY

2027 Oblate Lenten Retreat

March 12–14, 2027

Lenten prayer, renewal, and Benedictine community

SCAN TO REGISTER ONLINE

Select the Oblate Retreat

PIN: Oblate2027

A weekend of prayer, renewal, and community

Join the Saint Leo Abbey oblate community for two nights shaped by Benedictine prayer, formation, fellowship, sacred silence, and meals shared in the monastic rhythm.

RETREAT RATES

$215 shared room **$315 private room**

All retreat fees are per person

01 Important dates and arrival

MONDAY, MARCH 1	Registration and full-payment deadline
FRIDAY, MARCH 12	Check-in 2:30-5:45 PM in the ground-floor elevator lobby
	Please arrive before Vespers at 6:00 PM. Dinner follows immediately.

02 How to register and pay

ONLINE

Scan the QR code or visit **https://saintleoretreat.org/register?event=3**. Choose the retreat and enter PIN **Oblate2027**. Questions: **retreats@saintleoabbey.org**.

CHECK

Make checks payable to **Saint Leo Abbey**. Mail the completed form and check to Saint Leo Abbey, c/o Retreat Center, PO Box 2350, Saint Leo, FL 33574-2350.

CREDIT CARD

Complete the online registration and request the secure credit-card payment link. Do not write card information on this form.



Participant registration

Fields marked * are required

01 Participant information

FIRST NAME *

LAST NAME *

PREFERRED NAME

EMAIL *

MOBILE PHONE *

AGE

PARISH / COMMUNITY

STREET ADDRESS *

CITY *

STATE *

ZIP *

PREFERRED CONTACT METHOD *

- [ ] Email
- [ ] Text message
- [ ] Phone call

02 Room and payment selection

- [ ] Shared room - $215 per person
- [ ] Private room - $315 per person

PREFERRED ROOMMATE

ACCESSIBLE ROOM NEEDED? *

- [ ] Yes
- [ ] No

PAYMENT METHOD *

- [ ] Check
- [ ] Credit-card payment link

Checks must be received by the registration deadline.

03 Cancellation policy

Full payment secures the reservation. Cancellations received by March 1, 2027 will be refunded less a $10 processing fee per registrant. No refunds are available after March 1, 2027 because rooms, staffing, and meals are planned from confirmed registrations.

- [ ] I have read and accept the cancellation policy.

04 Participation and emergency consent

I voluntarily agree to participate in the retreat hosted by Saint Leo Abbey. I release Saint Leo Abbey and its staff from liability for injuries or losses that may occur during the retreat, except as prohibited by law. I authorize reasonable emergency assistance and medical treatment when I am unable to provide consent. I understand that the information supplied will be used to arrange lodging, meals, accessibility, emergency response, and retreat communications.

- [ ] I accept the participation and emergency consent.

SIGNATURE *

DATE *



Saint Leo Abbey Oblate Lenten Retreat

MARCH 12-14, 2027 | SAINT LEO, FLORIDA

01 Retreat details

I AM *

☐ Oblate ☐ Novice oblate ☐ Guest ☐ Clergy / religious

HAVE YOU JOINED US FOR A RETREAT BEFORE? *

☐ Yes ☐ No

HOW DID YOU HEAR ABOUT THIS RETREAT? *

☐ Parish bulletin ☐ Friend / family

☐ Website ☐ Social media ☐ Email ☐ Other

OTHER

WOULD YOU SHARE FEEDBACK AFTER THE RETREAT? *

☐ Yes ☐ No

02 Arrival, accessibility, health, and meals

EXPECTED ARRIVAL TIME *

EXPECTED DEPARTURE TIME

MOBILITY OR ACCESSIBILITY SUPPORT

FOOD ALLERGIES *

SEVERITY *

☐ None ☐ Sensitivity

☐ Severe ☐ Epinephrine

SPECIAL DIET OR DIETARY RESTRICTIONS *

MEDICAL OR HEALTH NEEDS STAFF SHOULD KNOW

03 Emergency contact

FIRST NAME *

LAST NAME *

RELATIONSHIP *

PRIMARY PHONE *

Retreat Office only

☐ Received ☐ Pending ☐ Confirmed ☐ Waitlist ☐ Cancelled

AMOUNT RECEIVED

PAYMENT DATE

ROOM ASSIGNED

CONFIRMED BY