

Dates of Retreat _____

NAME:			
ADDRESS:			
HOME PHONE:		WORK PHONE:	
CELL:		EMAIL:	

Please briefly describe your current occupation, ministry, and life circumstance.

Have you made a directed retreat before? Yes No If yes, where, when, and for how long?

Are you in spiritual direction? Yes No

How long have you been in spiritual direction?

Please describe your past retreat experiences.

What are your hopes and desires for this retreat?

PREFERENCES

Do you have a preference for a:

- Male Director
- Female Director
- Open to either a male or female Director

Do you have a preference for a:

- Jesuit Priest Director
- Lay Director
- Open to either Jesuit Priest or lay Director

HEALTH INFORMATION

Please include any information that should be made known to the Retreat Center staff. The center is located in the woods, with rain it can be damp and wet, with sun and wind, dry and dusty. There are lower level rooms, trees and grasses are present as well as uneven walking trails and stairs.

Medical Needs / Accommodations:

Allergies / Sensitivities:

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Dietary Restrictions / Needs:

Physical Needs / Accommodations:

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EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Cell:

Email: (optional)

Home:

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