

APPLICATION FOR THE THIRTY-DAY SPIRITUAL EXERCISES OF ST. IGNATIUS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____ E-mail: _____

Church affiliation or membership: Roman Catholic Other Specify _____

Single Married Religious/Priest/Minister Congregation or diocese? _____

Date of Birth: _____ Dates of retreat in which you are interested: _____

Please note: In order to consider your application, we must receive the completed application, a \$100.00 non-refundable deposit, and two letters of recommendation, one from your spiritual director and one from your Superior, spouse, or significant other.

10. Have you made any 8-day directed retreats? Have you made a directed retreat of any length? What other kinds of retreats have you made?

11. Since many retreat houses offer the Spiritual Exercises, why do you want to make your retreat here, at Sacred Heart?

12. Do you prefer a particular director? Are there any characteristics or qualities that you are looking for in a director?