

The Jesuit Retreat Center of Los Altos

300 Manresa Way Los Altos, CA 94022

Ph: 650-948-4491 Fax: 650-948-0640

**2008 THIRTY-SIX DAY PROGRAM
APPLICATION FORM**

Please type or print

Title (e.g., Mrs.) _____ First Name _____ Middle Initial _____

Last Name _____ Title (e.g., M.D.) _____

Ethnicity _____ Date of Birth _____ / _____ / _____

Parish _____

Home Phone () - _____ Work Phone () - _____ Ext _____

Address _____ City _____ State _____ Zip _____

Email _____ Handicap or mobility difficulties? ____ Yes ____ No

Emergency Contact Information

Name _____ Home Phone () - _____

Other Phone () - _____ Ext _____

DATE OF RETREAT: June 22, 2008 – July 29, 2008

SIGNATURE _____ DATE _____

Please return this form with your \$250 deposit (payable to "Jesuit Retreat Center"), completed questionnaire, picture, and two (2) letters of recommendation to:

Fr. Robert Fabing, S.J.
Director of the 36-Day Program
Jesuit Retreat Center of Los Altos
300 Manresa Way
Los Altos, CA 94022-4659

- Please address letters of recommendation to: Fr. Robert Fabing, S.J.
- The deposit of \$250 is 50% refundable prior to March 1, 2008. After March 1, 2008 the deposit is non-refundable.
- The balance of the retreat fee is due by May 22, 2008.
- Total Retreat Fee: \$2,350.

Method of Payment:

(If by check, please make payable to Jesuit Retreat Center.)

MasterCard / VISA / Discover Card Number _____ Exp. Date ____/____

Cardholder's Signature _____

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**QUESTIONNAIRE
THIRTY SIX DAY PROGRAM**

1. Have you made an individually-directed retreat before? _____
How many? _____
2. How many years have you been in your present commitment? _____
3. What kind of work are you presently involved in? _____
4. What has been your apostolate in the past? _____
5. Do you understand that you will be individually directed by a priest or sister assigned by the Team Director of the retreat? _____
6. Why do you want to make a thirty day retreat this particular year of your life?

7. What would be your hopes and expectations of such a retreat?

8. Are there any limiting conditions in your psychic, emotional, or physical health to making this retreat?

NAME: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____