



The Jesuit Retreat Center
of Los Altos
El Retiro San Iñigo

APPLICATION FORM

8-Day Retreat – 2012

Please indicate which retreat you would like to attend:

June 23 – July 2

July 3 – 12

July 13 – 22

- Cancellation Policy
 - 90 days or more – 100% refund
 - 60 days prior – 50% refund
 - 30 days prior – 25% refund

PLEASE RETURN TO:

The Jesuit Retreat Center
Attn: Ms. Carmel Smith
300 Manresa Way
Los Altos, CA 94022-4659

Phone (650) 917-4047
Fax (650) 948-0640
E-Mail csmith@jrclosaltos.org

Please respond by email, if at all possible.

PLEASE PRINT

NAME _____
PREFIX FIRST MIDDLE LAST SUFFIX

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GENDER MALE FEMALE

MARITAL STATUS SINGLE MARRIED WIDOWED OTHER

DATE OF BIRTH (MM/DD/YYYY) _____ / _____ / _____

RELIGIOUS DENOMINATION _____

HAVE YOU MADE A RETREAT HERE BEFORE? YES NO WHEN? _____ TYPE? _____

HOME PHONE (_____) _____ - _____ WORK PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____

E-MAIL _____

DO YOU HAVE ANY MOBILITY OR DIETARY RESTRICTIONS? PLEASE SPECIFY.

EMERGENCY CONTACT

NAME _____ PHONE NUMBER (_____) _____ - _____

RELATIONSHIP _____

PLEASE ANSWER EACH QUESTION WITH GENEROUS COMPLETENESS.

SUBMIT YOUR APPLICATION BY MAY 21, 2012, BY EMAIL IF POSSIBLE

KINDLY FOLLOW THE NUMBERING GIVEN BELOW,
USING AS MUCH SPACE AS YOU WISH FOR EACH ANSWER.

1. What kind of work/ministry are you presently involved in? How long?
2. Have you made an individually directed retreat or retreats before? Please give details
3. Please write about those retreats (e.g., their length, frequency) and, if appropriate, outline your broader retreat history.
4. Why do you pray?

5. How do you generally pray? [style, regularity, rhythm, etc.]
6. What have been your experiences of receiving spiritual direction? How often?
7. How are the following woven into your life? [a] Mass; [b] the Eucharist; [c] the other sacraments; [d] the Church
8. Daily Mass together is an integral element of our experience of the Exercises. Do you expect to be comfortable sharing our liturgy, which is celebrated according to ordinary ecclesial practice and following diocesan liturgical guidelines, and will you commit yourself to it by attendance and participation?
9. Are you open to being individually directed by a priest, sister, or layperson assigned by the retreat team leaders?
10. Do you have a preference for a priest, a sister, or a layperson as your director? (While we will consider your preference, we cannot guarantee that it will be met.)

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1. Do you have any apprehensions about a totally silent retreat? YES NO
 2. Are you prepared to forego use of computers and cell phones for the entire retreat? YES NO
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METHOD OF PAYMENT

Fee: \$900

PLEASE CONTACT MS. CARMEL SMITH REGARDING METHODS OF PAYMENT

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FAX	(650) 948-0640
E-MAIL	csmith@jrclosaltos.org

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