



INDIVIDUALLY DIRECTED RETREAT APPLICATION FORM

Today's Date: _____ Start Date of Retreat: _____

Type of Retreat: ____ 5 Day ____ 8 Day ____ 30 Day ____ Other

Full Name: _____

Email: _____ Phone: _____

Address: _____

Occupation / Ministry: _____

Religious Affiliation: _____ Age: _____

In case of an Emergency please contact:

Name: _____ Number: _____

Please complete the following questions for all individually directed retreats:

1. Is this your first retreat? yes no If no, where have you made a retreat and when was it?
2. Do you or have you had a Spiritual Director? If current, how long have you been in direction? If past, how long has it been since you have received Spiritual Direction?
3. What are you hoping for in this retreat? (i.e. quiet time with God, direction in prayer, making important decisions, etc.)
4. Are you confident and comfortable with a totally silent retreat?
 yes no

Please return this application to Ignatius House, 6700 Riverside Dr., NW, Atlanta, GA 30328 or by email to schase@ignatiushouse.org. Typically applications are answered within 5 business days. If you need additional space, please add pages. Thank you.

"Just come and experience it—hear the silence—feel the presence of the Lord."

Past Retreatant