



## 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](mailto: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*