Spiritual Exercises for Women

*According to Saint Ignatius of Loyola*

Spiritual Exercises Retreat Registration—August 27 - 30, 2015

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| --- | --- |
| First Name: | |
| Last Name: | |
| Date of Birth: | Home Parish: |
| Address/City/State/Zip: | |
| Email: | Phone Number: 🞏Home 🞏 Cell 🞏Work  \_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ |
| Sacraments Received (choose all that apply): 🞏 Baptism 🞏 Communion 🞏 Confirmation | |
| Have you ever been on Spiritual Exercises? 🞏 Yes When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No | |
| Email: | |
| Phone Number: \_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ 🞏Home 🞏 Cell 🞏Work | |
| Emergency Contact Info & Phone Number During Retreat: | |
| Health Information:   1. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS?  ------ALLERGIES ------EPILEPSY ------ INSOMNIA  ------ASTHMA ------HEADACHES ------RESTRICTED DIET  ------BLOOD PRESSURE ------HEART TROUBLE ------OTHER  ------DIABETES ------INDIGESTION | |
| **Please enclose check of $225 (single room occupancy) payable to “Our Lady of Peace”).**  **Payments are due by August 21, 2015.** | |
| **Office Use Only:**  Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |