Spiritual Exercises for Women

*According to Saint Ignatius of Loyola*

Spiritual Exercises Retreat Registration—August 27 - 30, 2015

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |