

## **JESUIT RETREAT HOUSE SILENT RETREAT PRE-REGISTRATION FORM**

**Please PRINT clearly and fill in as completely as possible.**

Date of Retreat: \_\_\_\_\_ Retreat #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Do you require an ADA Handicap Accessible Room? \_\_\_ Yes \_\_\_ No

Food Allergies/Dietary Needs \_\_\_\_\_

***All retreats are silent. We are a nonsmoking facility. Smoking is permitted outside except in the courtyard.***

A non-refundable **room reservation gift** payable by check or credit card will be subtracted from your total retreat gift when balance is due at the end of retreat.

**\$75.00 per person (Preached Retreats)                      or                      \$125.00 per person (Directed Retreats)**

**No registrations will be processed until the appropriate registration window is available.**

\_\_\_\_\_ Credit Card Payment

\_\_\_\_\_ Check Payment

Please **do not** include credit card information.  
Office staff will contact you at the number listed  
above when registration becomes available.

Make checks payable to: **Jesuit Retreat House**  
*Checks will be held until the appropriate  
registration window is available.*

### ***For Directed Retreats ONLY:***

Please list your preference for director assignment.

1) Layperson \_\_\_\_\_ 2) Priest/Religious \_\_\_\_\_ 3) Female \_\_\_\_\_ 4) Male \_\_\_\_\_ **OR** 5) No Preferences \_\_\_\_\_

*Please indicate either Layperson or Priest/Religious AND Female or Male, OR indicate No Preferences.*

**ALL RETREAT RESERVATION CONFIRMATIONS WILL BE EMAILED UNLESS YOU HAVE NO EMAIL ADDRESS, THEN RESERVATION CONFIRMATION WILL BE USPS MAILED.**

**Please contact JRH Office if you have any further questions.**

**Phone: (920) 231-9060**

**Email: [office@jesuitretreathouse.org](mailto:office@jesuitretreathouse.org)**