

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 (Weekend 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.*

Summer Directed Retreats ONLY:

Please list **three different choices** for a director. We will try our best to assign you one of your 3 choices. Due to demand, we cannot guarantee your 1st choice of director assignment.

1._____ 2._____ 3._____

OR 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