

LOYOLA ON THE POTOMAC

A Jesuit Retreat House

Post Office Box 9 9270 Loyola Retreat Road Faulkner, Maryland 20632 Telephone: (301) 392-0800 Fax: (301) 392-0808

Directed Retreat Application Form

		Program imormado	·11		
Program desired:			Dates	Dates desired:	
☐ Five-day	retreat	☐ Eight-day retreat			
		Personal Informatio	on		
Full Name:			E'(
A 1.1	Last	ı	First	M.I.	
Address:	Street Address			Apt./Unit #	
	City		State	ZIP Code	
Preferred Phone:		Alternate Pho	ne:		
E-mail					
	E	Emergency Contact Infor	mation		
Full Name:		,			
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Address:					
	Street Address			Apt./Unit #	
	City		State	ZIP Code	
Preferred Phone:		Alternate Pho	ne:		
Relationship:					

	Special Needs
	e describe any health concerns (physical or psychological), special needs, or dietary allergies that ould be aware of.
	Extended Questions
you; a quest	nable us to process your application; to help us to assign a spiritual director to accompany and to help your director to prepare for your retreat, please respond to the following tions. Please be sure to complete the entire application. Incomplete applications may not ensidered.
1.	Please describe your retreat experience of the last three years, including the type of retreat (e.g., individually directed, guided, weekend, etc.), date, and location.
2.	Please describe how your most recent retreats have affected your life.
3.	If you currently receive regular spiritual direction, how long have you been receiving it? How often do you meet with your director? If you do not currently receive spiritual direction, have you received it before? How recently, and for how long?

What are your expectations and hopes for this retreat?
What qualities do you hope for in a spiritual director?
What do you not want in a spiritual director?
Please mention anything else you'd like us to know as we review your application and prepare to accompany you on your retreat.