

Thank you for your interest in an 8-day retreat. The application process involves a few steps.

Please complete the application below. It is a Word document which you may save to your computer and complete at your convenience. When it is complete, please email it as an attachment to retreat@jrclosaltos.org.

Also, we ask for a $300 deposit, which you may pay through the website by using the ‘Register Now’ button. You may also mail the completed application with your check to the address at the end of the application.

We will review your application and be in touch within 14 days. If your application is not approved, your deposit will be fully refunded.

Cancellation Policy:

* 90 days or more prior to start – 100% refund
* 60 days or more prior to start – 50% refund
* 30 days or more prior to start – 25% refund

More information is preferable to less.

Please Circle the retreat you are interested in attending:

June 13-21, 2025

June 23-July 1, 2025

July 5-13, 2025

***Name, Address, and Misc. Personal Information***

Professional Title *Click here to enter text.*

 First: *Click here to enter text.*

 Middle: *Click here to enter text.*

 Last: *Click here to enter text.*

 Suffix: *Click here to enter text.*

 Address: *Click here to enter text.*

 City: *Click here to enter text.*

State: *Click here to enter text.*

ZIP: *Click here to enter text.*

Home Phone: *Click here to enter text.*

Work Phone: *Click here to enter text.*

Cell Phone: *Click here to enter text.*

E-Mail: *Click here to enter text.*

Date of Birth: *Click here to enter text.*

 Gender: 

 Marital Status: 

 Name to Appear on Name Badge:

Christian Denomination: *Click here to enter text.*

Have you made a retreat here before? *Click here to enter text.*

Do you have any mobility or dietary restrictions? Please specify. *Click here to enter text.*

***Emergency Contact***

 Name: *Click here to enter text.*

 Phone: *Click here to enter text.*

 Relationship: *Click here to enter text.*

***Questions – please answer each question with generous completeness***

1. Briefly describe who you are and what you do (background, family, education, work, ministry, etc.).

 *Click here to enter text.*

2. What have been your experiences on retreats?  Please give details of the type of retreats you have been on (i.e., silent, non-silent, preached, directed, weekend, 5-day, 8-day, 30-day, etc.), when, where, and how long.  Have you done an 8-day directed retreat with us before?

 *Click here to enter text.*

3. Describe your experience of receiving spiritual direction.  In what ways do you find it helpful?  How often do you receive direction?  Are you comfortable with receiving spiritual direction on retreat?

 *Click here to enter text.*

4. Describe your experience of prayer.  How do you pray?  Do you pray with Scriptures and with what methods (Lectio Divina, meditation, contemplation, etc.)?  What is your experience of God in prayer?

 *Click here to enter text.*

5. Why are you considering making an 8-Day Retreat at this particular time in your life?  What hopes and desires, challenges, and difficulties are prompting you?  What do you seek?  How do you think the retreat might be helpful to you at this time?

 *Click here to enter text.*

6. Please comment on the place of communal worship in your life.  For Roman Catholics, what are the place of the Eucharist (Mass), the Sacrament of Reconciliation, and Church in your life?

 *Click here to enter text.*

7. Do you have any limiting conditions that may affect your making this retreat — e.g., psychological, emotional, and/or physical?

 *Click here to enter text.*

8. Do you have a preference for male or female, a priest or a lay person as your retreat director?  Or no preference.  Note: While we will try our best to accommodate, we cannot guarantee that your preference will be met.

 *Click here to enter text.*

***Thank you.***

***The Staff of the Jesuit Retreat Center of Los Altos***

*Mailing Address:*

*300 Manresa Way*

*Los Altos, CA 94022*