REGISTRATION FORM

SPIRITUAL EXERCISES - SILENT IGNATIAN RETREAT FOR MEN AND WOMEN

NOVEMBER 7-9, 2008 – SHALOM RETREAT CENTER, DUBUQUE, IOWA

I want to register for these *Spiritual Exercises* directed and preached by the Priests of *Miles Christi*.

(*Please Print*)

My full name: _____ **Phone:** _____

Address: _____ _____ _____ _____
STREET CITY STATE ZIP CODE

Email: _____ **Parish:** _____

Retreat Fee: $150. Minimum $50.00 deposit required. Enclosed is my $_____ deposit for:

☐ single (i.e., private) room; ☐ **I am willing to share a room - twin beds** (*check one.*)

*(Please make check payable to **"Springtime of Hope"** and add to the memo line, "Retreat Reg.")*

Have you ever made the *Spiritual Exercises*? Where? With the Priests of *Miles Christi*?

_____

How did you learn about this *Spiritual Exercises Retreat* (friend, newspaper or radio ad)?

_____

Add here any special requirement you need for this retreat (special diet, etc.) or any helpful information:

_____

Please let us know if you know of others who would be interested in these *Spiritual Exercises* or those interested in the *Spiritual Exercises* preached in different parts of the country:

_____

Do you want to make a donation to help others make the *Spiritual Exercises*?

_____

The deadline for registration is October 24, 2008 but early registration is advised and appreciated.

Please mail your registration and check to:
Springtime of Hope
3089 Spring Valley Road
Dubuque, IA 52001

For more information call 563-583-6117 or
E-mail: springtime@springtimeofhope.org

NOTE: You will receive a confirmation of your registration by phone or email. *Thank you!*