

Amor Meus Spirituality Center
Application for Overnight Retreat

Retreat selected _____

Date/s of retreat _____

For a Directed or Private Retreat, Check the length desired: (Check \surd one)

1-Night 2-Nights 3-Nights 4-Nights 5-Nights 6-Nights 7-Nights 8-Nights

Dates Desired: Arrive on _____ Depart on _____

For a Private Retreat

(1st Choice) Arrive _____ Depart _____

(2nd Choice) Arrive _____ Depart _____

Name(Rev., Bro., Sr., Mr., Mrs., Miss, Ms.)

First _____ Last _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Email _____

DOB (optional) _____ Church Denomination _____

Have you been to Amor Meus Spirituality Center previously for a retreat or special program?

Have you made a silent directed retreat elsewhere? _____

If you have made a retreat, what has been your most recent experience? Type, Length, Place

Do you have any special needs regarding your diet? _____ If so, would you please comment.

Do you have any health or physical concerns we should know about?
