



## 7 & 8 DAY PRE-APPLICATION FORM

Today's Date: \_\_\_\_\_

Retreat Title & Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Jr., SJ, etc.: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_  
(Work/Home/Cell -Please circle one) (Work/Home/Cell -Please circle one)

**EMERGENCY CONTACT INFO:** (This may not be a person who is attending the retreat with you.)

Contact Name: \_\_\_\_\_

Contact Phone Number: Work/Home/Cell \_\_\_\_\_  
(Please circle one)

### OTHER:

Religious Denomination \_\_\_\_\_

### Check all that apply:

Religious Sister or Brother \_\_\_\_\_

Seminarian: \_\_\_\_\_

Religious Priest: \_\_\_\_\_

Clergy of another denomination: \_\_\_\_\_

Diocese Priest: \_\_\_\_\_

Layperson: \_\_\_\_\_

Permanent Deacon: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Present Occupation/Ministry: \_\_\_\_\_

Is this your first retreat at EPRH? Yes \_\_\_\_\_ No \_\_\_\_\_

**EXTENDED QUESTIONS:**

To help us in processing your application, in selecting a director, and for the benefit of your director, please answer the following questions in some detail. *(Every application must be accompanied by the following information in order to be considered):*

1. List your retreat experience for the past 3 -4 years. Have you made an 8-day retreat before? If yes, please mention how frequently and the dates and locations.

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2. Please comment on your experience of spiritual direction? How long? How frequently?

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3. What is your desire for attending a silent directed retreat at this time?

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4. Please share with us one concrete example of how you have lived out of a grace received on your last retreat?

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5. How comfortable are you with maintaining silence during your retreat?

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**For those applying for directed retreats:**

6. What characteristics do you seek in a director?

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7. You may mention a preference for a director, *(however, we do not guarantee director requests).*

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8. List any health concerns, special needs or dietary allergies that we should be aware of: *(e.g., accessibility, first floor, shellfish, peanuts, milk)*

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**PLEASE MAIL APPLICATION TO:**

Eastern Point Retreat House  
Attn: Retreat Applications  
37 Niles Pond Road.  
Gloucester, MA 01930