



Manresa Jesuit Retreat House – 1390 Quarton Rd – Bloomfield Hills, MI 48304 – 248-644-4933

## IDR Out-Of-Session Application Form

September through April

(Please make sure your dates have been approved by the front office)

### Required information marked with \*

Your Title: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Suffix: \_\_\_\_\_

Age: \_\_\_\_\_ (for room assignment)

Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_

State\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_

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

Emergency Contact's (EC) Full Name\*: \_\_\_\_\_

Emergency Contact's (EC) Phone Number\*: \_\_\_\_\_

EC's Relationship to the Retreatant\*: \_\_\_\_\_

Occupation/Ministry\*: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

First choice of retreat *arrival date and time*\* (September through April):

First choice of retreat *departure date and time*\* (September through April):

**Retreat Director: (please check your preference; we will do our best to accommodate your choice)**

\_\_\_\_\_ Laywoman

\_\_\_\_\_ Religious Sister

\_\_\_\_\_ Priest

\_\_\_\_\_ No preference

\_\_\_\_\_ Private (available for ordained clergy or religious only)

**Do you or have you had a Spiritual Director? If current, how long have you been in direction? If past, how long has it been since you have received spiritual direction?**

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**Special needs: (please check any special needs)**

\_\_\_\_\_ First floor room (we do have an elevator)

\_\_\_\_\_ Diabetic

\_\_\_\_\_ Vegetarian

Food allergies and/or dietary restrictions+

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*+Our kitchen staff does its best to accommodate a large group of people. If your dietary restrictions are life-threatening or you require specific foods or preparation, we recommend you bring supplemental items for yourself. There is a small refrigerator and a microwave in the dining room for your convenience.*

**Is this your first retreat? If no, where have you made a retreat and when?**

*(We recommend you complete a silent conference or preached retreat at Manresa prior to committing to an Individually Directed Retreat or that you've completed a silent conference retreat at another retreat center.)*

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**Have you made an *individually directed* retreat before? If so, when and where?**

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**Are you confident and comfortable with a silent retreat?**

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**What are you hoping for in this retreat? (e.g., quiet time with God, direction in prayer, making important decisions, strengthening your faith, et al.)**

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**Additional Comments (regarding your retreat, director preference, et al.):**

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## **INFORMATION ON REQUIRED DEPOSIT AND FEES**

### **Non-refundable Deposit required:**

- **\$95 per day – Outside of Summer Sessions (September-April)**

The application fee/deposit for individually directed retreats is the cost of one night's stay (\$95); this is non-refundable and non-transferable but applicable to the cost of the retreat. Individually Directed Retreats are a set fee per day and are not donation based. Your retreat balance will be due prior to or upon arrival the day your retreat begins.

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