

Bethany Retreat House

APPLICATION FORM

Requested Date(s) for Retreat: _____

Last Name _____ First Name _____ Male Female

Parish/Organization _____

Religious Denomination _____

Occupation _____

Contact information:

Address _____

Email _____ Phone _____

What type of retreat have you made? This is my first retreat Weekend retreat Directed Silent
 Other _____

Additional Information _____

I will require a fully accessible room Yes No

Please tell us if there are any food allergies _____

How did you hear about Bethany Retreat House? Family/friend Community Spiritual Director
 Internet Advertisement Returning Retreatant
 Other _____

Completed forms can be mailed, dropped off or emailed to: 384 Rymal Rd. W., Hamilton srmaria@sehsh.org