

Greetings from Manresa Retreat House:

Enclosed, please find the application for the Spiritual Exercises of St. Ignatius of Loyola to be held at Manresa Retreat House on June 6, 7 and 8, 2008. These Exercises will be directed by Father Pedro Suarez, S.J.

We ask that you include a deposit of \$50.00 with the application. We will not assign you a room until your application and deposit are received. Please, make your check payable to Ignatian Spiritual Center and send it to our P.O. Box 651512 together with the application. There is a possibility that you will not be able to attend if the application and check are received after all rooms have been reserved.

Spiritual Exercises begin on Friday June 6<sup>th</sup>, at 7:30 PM. Please, bring your Bible, notebook and pen. Dinner will not be served on Friday. We will provide all meals on Saturday and breakfast and lunch on Sunday. Rooms are equipped with linens. Bring only your personal belongings.

**Remember, this is a silent retreat.** The Director will give the meditation and the rest of the time is for silent prayer and reflection.

The cost of this retreat is \$120.00 if room is shared, and \$160.00 for private room. All rooms have private bathroom. You can make a reservation for private room only if it is made ahead of time and according to availability.

Thank you,

Manresa Retreat House  
12190 S.W. 56<sup>th</sup> St.  
Miami, Florida 33175  
305-596-0001

**IGNATIAN SPIRITUAL CENTER**

12190 S.W. 56<sup>th</sup> St., Miami, FL 33173. TEL (305) 596-0001

**Manresa Retreat House**

Spiritual Exercises # 220

Date of Retreat : June 6, 7 & 8, 2008

Director : Rev. Pedro Suarez, S.J.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Married

Single

Divorced

Separated

If married please specified below:

Civil

Catholic

Other Denomination?

Specify \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Sacraments Received: Baptism  First Communion  Confirmation

Parish \_\_\_\_\_

Children ages between 12 - 21 years old	Age	Baptism	First Communion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about Ignatian Spiritual Center?

Radio

Newspaper

Family/friends

Have you taken Spiritual Exercises before? \_\_\_\_\_ Where? \_\_\_\_\_

Private Room \_\_\_\_\_

Double Room \_\_\_\_\_

**P.O. Box 651512, Miami, Fl. 33265 FAX (305) 596- 9655**

**EMAIL: manresamiami@yahoo.com**

A.M.D.G.