



The Jesuit Retreat Center
of Los Altos
El Retiro San Iñigo

REQUEST FORM INDIVIDUALLY DIRECTED RETREAT

Thank you for your interest in an individual retreat at
The Jesuit Retreat Center of Los Altos – *El Retiro San Iñigo*

BEFORE YOU COMPLETE YOUR REQUEST, PLEASE REVIEW THE FOLLOWING:

- Individual retreats are possible during the following time periods:

September (except for the 12th – 14th)

March (after the 11th)

November (except for Thanksgiving week)

April (except for Holy Week, 1st – 8th)

January (after the 10th)

May

- *Please try to submit your request as early as possible. This increases the possibility of a director and a room being available.*
- You will be contacted within one week of receipt of your Request Form regarding the availability of a retreat.
- You will have an opportunity to meet with your spiritual director for 30 – 45 minutes daily.
- There is a minimum two-night stay.
- Your room will not be available until after 3:00 pm. Please schedule your arrival accordingly.
- \$130 per night includes private room with bath and three meals per day
- Full payment is required four weeks prior to your arrival.
- If your retreat is scheduled less than four weeks prior to your arrival, full payment is required upon confirmation.
- Cancellation Policy
 - 31 days or more – 100% refund
 - 15 – 30 days prior – 50% refund
 - 7 – 14 days prior – 25% refund

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ – _____ WORK PHONE (_____) _____ – _____

CELL PHONE (_____) _____ – _____

DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / _____

E-MAIL _____

PROPOSED ARRIVAL DATE (MM/DD/YYYY) ____ / ____ / _____

YOUR ROOM WILL NOT BE AVAILABLE UNTIL AFTER 3:00 PM

ARRIVAL TIME _____

PROPOSED DEPARTURE DATE (MM/DD/YYYY) ____ / ____ / _____

ROOMS MUST BE VACATED BY 1:00 PM

HAVE YOU MADE A RETREAT HERE BEFORE? YES ____ NO ____

DO YOU HAVE ANY MOBILITY OR DIETARY RESTRICTIONS? PLEASE SPECIFY.

EMERGENCY CONTACT

NAME _____ PHONE NUMBER (_____) _____ - _____

METHOD OF PAYMENT

\$100 per night (includes three meals)

Please make checks payable to *the Jesuit Retreat Center*

A deposit of \$100 is required to reserve a space.

Full payment is required four weeks prior to your arrival

AMEX / DISCOVER / MASTERCARD / VISA # _____

NAME ON CARD _____

EXP. DATE ____ / ____

CARDHOLDER'S SIGNATURE _____

TOTAL \$ _____

PLEASE RETURN YOUR REQUEST FORM TO:

THE JESUIT RETREAT CENTER
ATTN: MS. CARMEL SMITH
300 MANRESA WAY
LOS ALTOS, CA 94022-4659

Phone (650) 917-4047
Fax (650) 948-0640
E-Mail csmith@jrclosaltos.org