



ST MARY'S TOWERS RETREAT CENTRE

415 Douglas Park Drive, Douglas Park NSW 2569
+61 2 4630 0233 | contact@towersretreat.org.au | www.towersretreat.org.au

Please complete in **BLOCK LETTERS**.

RETREAT APPLICATION FORM

Title Given Names Surname
Address
Suburb/Town State Post Code
Phone: (H) (W) (M) Email
Date of Birth Religion

NEXT OF KIN / CONTACT PERSON IN CASE OF EMERGENCY

Title Given Names Surname
Address
Suburb/Town State Post Code
Phone: (H) (W) (M) Email

Have you already made a retreat at SMT? No Yes Date Retreat
Present Occupations/Ministry
I AM: Single Married A Religious A Religious Priest A Diocesan Priest
Name of Congregation

RETREAT DETAILS

I would like to attend
From To
Do you wish to see a Spiritual Director? Yes No
Name of your preferred Spiritual Director
Full Name Date
Signature

IMPORTANT MEDICAL INFORMATION

What is your general level of health?

Please outline any recent/current conditions, treatments, ongoing areas of care or concern, both medical and psychological. List any current medications that you are taking.

If not applicable please tick this box

What has drawn you to choose this particular retreat?

THIS IS A CONFIDENTIAL DOCUMENT which will be seen only by the Director of the Retreat Centre and the Spiritual Director chosen to companion you.

A deposit of \$50.00 (non refundable) is required with all applications:

Account Name: St. Mary's Towers
Account Number: 29783100
BSB: 062 784
Bank: Commonwealth Bank

Please call 02 4630 0233 to make a credit card payment.

Completed Application Forms and EFT notifications can be sent to: contact@towersretreat.org.au

Postal Address: PO Box 19A, Douglas Park NSW 2569