

TO FILL OUT: Type in your name, then TAB to each box.  
 SAVE it and return it to [ckoenigs@csasisters.org](mailto:ckoenigs@csasisters.org) as an E-MAIL ATTACHMENT.  
 Or print it and mail it to: Chelsea Koenigs, Congregation of St. Agnes, 320 County Road K, Fond du Lac, WI 54937



## CSA HERMITAGE REGISTRATION

NAME		
ADDRESS		
(Street                      City                      State                      Zip)		
HOME PHONE	CELL	WORK
E-MAIL		
Do you desire spiritual direction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a preferred Spiritual Director? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>**if yes, please indicate Sister's name behind the yes box.</b>		
Do you desire a massage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### ARRIVAL

### DEPARTURE

Date:	Time:	Date:	Time:
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### EMERGENCY CONTACT INFORMATION

NAME	HOME PHONE
CELL	WORK

**Please complete the bottom purple box if this is your first hermitage stay with us. ~Thank you~**

How did you hear about us?

What are your hopes while at the hermitage?

Have you had any experience with a hermitage setting or silent retreat? If yes, please list.

For Office Use Only:

Hermitage: **MIRYAM**

Date Requested: