



Diocese of Superior
Forming Effective Disciples
 Foundational Level - *Retreat Requirement*



THIS DOCUMENT IS TO BE COMPLETED BY THE RETREAT ORGANIZER AND GIVEN TO THE PARTICIPANT NAMED BELOW.

Participant Full Name: _____

Address: _____ City: _____ Zip: _____

Serving at parish (name & city): _____

Retreat Requirement

List the date(s) AND start/end times of the retreat.	
Where was the retreat held? Please be specific.	
Who was the retreat master (emcee)?	
Was Mass available during the retreat?	
Name of priest available for Mass.	
Was the sacrament of Reconciliation available during the retreat?	
Who was the keynote presenter?	
What was this speaker's topic?	
Please list any additional speakers and their topics.	
Did the retreat include time for solitary prayer and rest? Describe.	
Was the participant free of responsibilities for the retreat?	

I certify that the information provided above is accurate and complete. _____
 Signature of retreat organizer _____
 Date

I certify that the information provided above is accurate and complete. _____
 Signature of applicant _____
 Date