



A Week of Guided Prayer

The Institute for Religious Education and Pastoral Studies (REAPS) of Sacred Heart University
Philip said, "Lord show us the Father and that will be enough for us." Jesus replied: "Whoever has seen me has seen the Father. Anything you ask me in my name I will do." John 14:8,9,14

REGISTRATION FORM for *Week of Directed Prayer*
Fill out and return with payment.

Name _____

Address _____

City, State, Zip Code _____

Phone _____

FAX _____

Parish _____

E-mail _____

I will attend the *Week of Directed Prayer*

Location: St. James

Dates: July 29-August 5

If you have attended this retreat before, please indicate number of years: _____

Enclosed is my check for \$80 made out to St. James.

Enclosed is \$80 in cash.

For the one-on-one meetings with my director I am available:

Please check all possibilities.

Morning

Afternoon

Evening

Anytime

I would prefer a guide who is (check only one)

Male

Female

No Preference

Return to: St. James Parish Center

2110 Main Street

Stratford, CT 06615

203-375-5887

Bredgate.stjamesparish@gmail.com