

**The West Virginia Institute For Spirituality**  
**1601 Virginia Street, East Charleston, WV 25311**  
**Phone: (304)-345-0926 Fax: (304)-345-8206**  
**Email: [exec.director@wvis.org](mailto:exec.director@wvis.org)**

**WVIS RETREAT APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Please provide full street address including state and zip code)

Cell Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. If you are making a 5- or 8-day retreat; with whom have you discerned your readiness for your retreat experience?  
(Please provide name and contact information)

2. Have you ever made a Silent Directed Retreat? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

A. Number and Length \_\_\_\_\_

B. Places and years \_\_\_\_\_

3. How did you hear about WVIS? \_\_\_\_\_

4. Have you ever received individual Spiritual Direction? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state length of time \_\_\_\_\_

5. Are you currently engaged in individual Spiritual Direction? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. What is your experience reading scripture? \_\_\_\_\_

7. What draws you to make a retreat at this time?

Please mail to:

Retreat Application

West Virginia Institute for Spirituality

1601 Virginia Street East

Charleston, West Virginia 25311

Or scan and email to [exec.director@wvis.org](mailto:exec.director@wvis.org)