IHM SABBATH RENEWAL APPLICATION

Name_____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Year of First Profession _____

Dates of Proposed Sabbath Renewal _____ to _____
Month/Day/Year Month/Day/Year

What is the purpose of this program or workshop?

Sabbath Renewal Program Design (include residence, copy of brochure for a formal program, etc.)

How do you envision this proposed Sabbath Renewal meeting your personal and ministerial needs at this point in your life?

FINANCES

Program Cost _____

Materials/Books _____

Room and Board _____

Transportation _____

Other _____

TOTAL