

## Application for a Hermitage Experience

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Occupation/Ministry: \_\_\_\_\_

Religious Order (if applicable): \_\_\_\_\_

Spouse's name (if applicable): \_\_\_\_\_

Dates for use of hermitage: Arrival date & time \_\_\_\_\_

Departure date & time \_\_\_\_\_

**Your Decision:** (Use additional paper if necessary.)

- Why have you decided to have a hermitage experience?
  
- Have you experienced a hermitage in the past? If so, what was the length of the stay?
  
- Are you comfortable with taking an extended time of silence, prayer and seclusion?
  
- How much contact do you expect to have with others?
  
- Do you have any medical issues and/or dietary needs we should know about?