

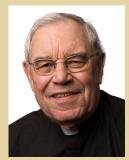
"The Spiritual Exercises: Who am I? Where am I going? How do I get there?" April 12-14, 2019

Retreat Master Fr. Doug Leonhardt, SJ An Ignatian, Silent Retreat for Men

A retreat is a contemporary way of observing the Sabbath. We cease from work. We make space for God. We enjoy the gift of time to contemplate who we are from God's perspective, where He is inviting us to go with our lives, and how to follow His lead.

Room Requests: _____

Captain/Group Name (if applicable):



Meet Fr. Doug Leonhardt, SJ

A native of Milwaukee, Fr. Leonhardt entered the Society of Jesus in 1956 and was ordained a priest in 1969. Since his ordination, he has served as the Principal and the President of Marquette University High, as the Director of Novices and the Formation Director of the Wisconsin Province.

and as the Pastor of Gesu parish in Milwaukee. For a period of time during his 2003 sabbatical, Fr. Leonhardt directed retreats in Kenya and Uganda. He has extensive experience in directing the *Spiritual Exercises* of St. Ignatius of Loyola, and is presently working as Jesuit Superior for the St. Camillus assisted living community for Jesuits in Milwaukee, Wisconsin.

Suggested retreat contribution: Weekend Retreat is \$285 per

(\$85 deposit); Overnight Retreat is \$185 per person (\$85 deposit)

person (\$85 deposit); 4-Day Retreat is \$360 per person

420 W County Line Rd • Barrington, IL 60010 • 847-381-1261 • www.JesuitRetreat.org

To register, visit us online at www.jesuitretreat.org, call the office, or complete this form and mail it to the address above accompanied with your \$85 deposit. If you are interested in Flexible Funding, please call the office at 847-381-1261. I am registering for the following retreat (list date): April 12-14, 2019 Men's Weekend Retreat Name: _____ Enclosed is my check payable to: Bellarmine Jesuit Retreat House, Inc. (Checks are preferred) Address: _____ Please charge my credit card: \$_____ City/State/Zip: _____ Credit Card Type, if applicable: Visa Amex MC Discover Phone: _____ Card #: _____ Email: _____ Expiration date: _____ Dietary Requests: Signature: _____