

"Teach Us to Pray: Reflecting on the Lord's Prayer with St. Ignatius"

March 7-10, 2019 (Thurs - Sun)

Retreat Master Fr. Michael Sparough, SJ An Ignatian, Silent 4-Day Retreat for Men & Women

Using storytelling, poetry, music, guided imagery, journaling, and breath and body prayer, Fr. Michael guides us through the prayer Jesus taught us. Drawing on the *Spiritual Exercises* of St. Ignatius, this retreat will forever change the way you encounter the Lord's prayer.

Room Requests:

Captain/Group Name (if applicable):



Meet Fr. Michael Sparough, SJ

Fr. Michael Sparough, SJ is a member of Bellarmine's resident staff. He holds a Master of Fine Arts from the Yale School of Drama and a Master of Divinity from St. Mary of the Lake Seminary in Mundelein, IL. He is the founder of Charis Ministries, the

Jesuit retreat ministry for young adults in their 20s and 30s, and has trained spiritual directors at Loyola University Chicago. A prolific writer and speaker, Fr. Michael has published books with Franciscan Media, Paulist Press, and Liturgical Training Publications. His latest book, *What's Your Decision?* is published by Loyola Press.

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): March 7-10, 2019 Men & Women's 4-Day 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: _____