

Koinonia II Application (page 1 of 2)

Noon on Friday, March 9 through Sunday, March 11

Retreatant information

Retreatant's name: _____ Class standing: _____

Retreatant's cell: _____ Main email: _____

Payment due with application. Both cash and checks are accepted. Please make checks payable to SMU Campus Ministry in the amount of \$30.00. This bargain covers three days and two nights of room and board plus retreat materials. No student will be excluded from the retreat because of finances. Speak to Susan Leyster regarding financial aid. If you are able to and would like to sponsor another retreatant, even partially, you are welcome to and can speak to Susan Leyster.

The Koinonia Retreat is only going on its second year at our school but it immediately solidified its place as one of the “do not miss” experiences for students at Saint Martin’s University. The retreat will take place right on one of the beautiful lakes we have in our area. Besides bonding with fellow retreatants and having free time to enjoy being away from campus, you will hear stories from peers, staff and faculty and be encouraged to share your own. Koinonia provides a special opportunity for spiritual reflection and break from the often hectic and always busy life of a Saint Martin’s University student.

All applicants must write a brief statement in the space provided of why they want to attend Koinonia:

I agree to cooperate with the retreat team. I understand that failure to do so may result in my being dismissed from the retreat before completion. I acknowledge that I should notify my instructors of my intended absence at the earliest possible opportunity. I also agree to participate in two meetings to be conveniently scheduled later—one pre-event and one post-event.

Signature _____ Date _____

Please complete the other side or else this application will be marked incomplete—

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Main parent/guardian contact information

For emergency contact and retreat alumni correspondence, please provide the following information:

Name: _____ Relationship: _____

Home # _____ Work# _____ Cell# _____

Email address: _____

Home address: _____

Additional emergency contact

Name: _____

Home # _____ Work# _____ Cell# _____

Email address: _____

Home address: _____

Allergy/health information

Allergies (food/medicine) and any other health concerns about which the retreat director or emergency personnel should be aware:
