

September 2008– May 2009
Spiritual Exercises of St. Ignatius
\$750

APPLICATION
REQUEST FOR INTERVIEW

Name: _____

Street Address: _____

City: _____ State: _____ Zip _____

PHONE CONTACT – Please circle whether the phone number is a home, work, or cell number.

PHONE 1: _____ H/W/C PHONE 2: _____ H/W/C

PHONE 3: _____ H/W/C

E-Mail Address: _____

I would prefer to attend: (check only one)

- Monday Evenings
- Tuesday mornings

A \$50.00 non-refundable/non-transferable application fee is required with this request for interview. Please make check payable to Mercy Center and mail to:

Colleen Shannon Soracco
Mercy Center
2300 Adeline Drive
Burlingame, CA 94010-5540

PHONE: 650-340-7495

FAX: 650-340-1299

E-MAIL: csoracco@mercyburl.org

APPLICATION DEADLINE: August 15, 2008

