JOHN RETREAT

ST. JOHN THE EVANGELIST CATHOLIC CHURCH
624 E. HOPKINS STREET
SAN MARCOS, TEXAS 78666

SEPTEMER 11, 12, 13, 2026

Your Information

Name _____ Gender ◯ Male ◯ Female

Date Of Birth _____ Marital Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Phone Number _____ Email _____

Address _____

_____

Why do you want to participate in the John Retreat?

_____

_____

What are your expectations of the JOHN Retreat?

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This retreat is designed as one continuous journey of faith, with each session preparing your heart for the next. We encourage you to be present for the entire weekend so you can fully experience all that God desires to reveal to you.aragraph

Consent and Acknowledgement

I agree to participate in the entire JOHN retreat and will not leave for personal matters. _____YES or _____NO

_____ _____

Signature ***Date***