



APPLICATION FORM FOR PRESENTER FORMATION FOR CENTERING PRAYER

Applicant: Please return this form to **Bethany Retreat Center PO Box 129, Frenchville, PA 16836**

Dear Applicant,

We are happy that you are **applying** for Presenter Formation for Centering Prayer on **January 20 - 26, 2019 at Bethany Retreat Center, Frenchville, PA**. As you know, Contemplative Outreach commissioned Presenters are invited to pass on the method of Centering Prayer which has been approved by Fr. Thomas Keating. We therefore have some prerequisites. Please complete the application and forms as carefully and fully as possible to help us with our planning process in order that you may have a grace-filled formation experience.

(Please Print)

Name _____

Address _____

City _____

State _____ Zip _____

Phone – Home _____ Cell _____

Work (if able to call) _____ Email _____

Checklist of Prerequisites (please initial and fill in blanks as appropriate):

_____ I have participated in a Contemplative Outreach sponsored Centering Prayer Introductory Program. (If this was not possible, please attach a separate sheet to explain your introduction to Centering Prayer.)

_____ I have been faithful to a daily practice of Centering Prayer for at least three years.

_____ I have been recommended and will have them mail the reference page directly to us.

Name of person recommending me: _____ Phone _____

_____ I have attended a five- to ten-day Centering Prayer Intensive Retreat, or I will attend during the Presenter-in-Training period. If the above retreats are not geographically available, the participant may substitute four silent weekend Centering Prayer retreats.

Date _____ Location(s) _____

Full commissioning is dependent on the completion of the retreat/training requirement.

Date(s) _____ Location(s) _____ I have studied *Open Mind, Open Heart* by Fr. Thomas Keating and am familiar with *Invitation to Love* and *Intimacy with God*, and most of the "Spiritual Journey Series" (CDs, DVDs, and/or transcripts).

_____ I have the commitment of an active commissioned Presenter who will mentor my Presenter-in- Training period. Name of mentor: _____

– OR –

_____ I will ask my Coordinator/Contact Person for assistance in choosing a mentor.

Mail this form and reference form to:
Bethany Retreat Center
PO Box 129
Frenchville, PA 16836

Once your application has been reviewed we will email or call you to let you know you have been approved and you can submit your payment.

If you have any questions please call: 814-263-4855 between 9am and 4pm.