



Ministry of Mothers Sharing *On the Journey Retreat* Participant Feedback Form

Please take a few minutes to give us your valuable feedback.
This will be turned in to the Ministry of Mothers Sharing National Office to better serve you.
Thank you for attending this retreat and taking time to offer feedback. Sr. Paula Hagen

Location of Retreat: _____ Date _____

Facilitator Team: _____

Retreat: *Choice-making* *Emptying Your Cup* *In God's Hands* *Listening with the Ear of Your Heart* *Transitions*

I appreciate the sacredness of the retreat time. Yes No Somewhat

I like having my own *Personal Journal* for future reflection. Yes No Somewhat

I leave this retreat feeling spiritually nourished. Yes No Somewhat

I liked the structure of this retreat (ritual, reflection, dialogue). Yes No Somewhat

I am motivated to learn more about this subject on my own. Yes No Somewhat

I wish to receive the *Ministry of Mothers Sharing* e-newsletter. Yes No Already Do

E-mail _____

I would like more information about *Ministry of Mothers Sharing*. Yes No

I wish to make a donation to the *Ministry of Mothers Sharing* retreat ministry. Yes No

I am willing to be a facilitator at a future 3-hour retreat. Yes No

What was most helpful to me:

What was least helpful to me:

Other spiritual topics that interest me:

Please clearly print your information:

Name _____ Date _____

Parish _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail (if not provided above) _____

Ministry of Mothers Sharing
An outreach ministry of the Sisters of St. Benedict of St. Paul's Monastery

