

JOURNEY TO HEALING RETREAT APPLICATION

COMPLETE APPLICATION FOR EACH PERSON ATTENDING THE RETREAT

****Submit a \$50.00 REFUNDABLE deposit with EACH application to reserve your spot. We DO NOT cash your deposit check and hold it until the end of the retreat and return it to you. If you are unable to submit the refundable deposit please contact Tara to discuss other options.**

Circle the retreat date you would like to attend

2015 RETREAT DATES

September 11-13, 2015

November 6-8, 2015

2016 RETREAT DATES

March 4-6, 2016

April 29-May 1, 2016

September 9-11, 2016

November 4-6, 2016

Return this form to:

Tara Wall

1806 N. Alexander

Sherman, Texas 75092

Please PRINT all information

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Cell phone _____ Home phone _____

Email _____

Circle single married divorced widowed companion

Occupation _____

Name of spouse/companion/caregiver _____

Companion phone _____ attending with you yes no

Occupation _____

Name and age of children _____

How did you hear about us? _____

Emergency contact name _____

relationship _____ phone _____

Name of Patient's Physician _____

Address _____

Phone _____

Hospital affiliation _____

Allergies/food/pet/environment _____

Cancer diagnosis _____

Types of treatment _____

Date of last treatment _____

Alternative therapies used, if any _____

Name of Patient's Therapist/Counselor _____

Address _____

Phone _____

***Dietary Info** None Diabetic Gluten Free Vegan Vegetarian
 Dairy Free Organic Food Allergies _____

Other special needs _____

Skin Color/Tone: Fair Light Medium Dark

Do you have any physical limitations (climbing stairs, lifting, walking long distances, sitting for extended periods of time, etc) _____?

What do you expect to benefit from participation at the retreat?

Any concerns or fears about the retreat weekend? _____

The person you are bringing with you needs to complete an application as well. Please contact Tara Wall if you need additional applications or have questions, 903-209-5500.

Deposit enclosed Check Cash

****Your deposit will be returned to you at the end of the retreat weekend. If you fail to cancel your reservation the Monday prior to start of the retreat on Friday you will forfeit your deposit. Also, once you check in at the retreat and you decide to leave before the retreat weekend is concluded you will forfeit your deposit.**

*******PLEASE SUBMIT A COMPLETE LIST OF YOUR CURRENT MEDICATIONS SUBMITTED WITH YOUR APPLICATION. THIS INFORMATION IS NEEDED SHOULD AN EMERGENCY ARISE SO WE ARE ABLE TO INFORM MEDICAL PERSONNEL.**