

Renew Your Spirit ✦ February 1 – 3, 2019



Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Why would you like to spend a weekend geared toward your spirituality?

Have you experienced any significant changes to your physical or mental health since we last saw you?

Yes No If yes, what? _____

Have you experienced any other significant changes or loss since we last saw you? Yes No

If yes, what? _____

Is there anything Program staff should know ahead of time, for example, dietary needs?

I need help with transportation: Yes No

I can help drive: Yes No

In case of medical emergency, Women's Respite Program staff should call:

Dr. _____ Phone _____

If your children are minors, please provide contact information for their caregiver this weekend.

Name _____ Phone _____

I understand that the Women's Respite Program is not responsible for loss of property or personal injuries while participating in programs at Stella Niagara. I acknowledge that activities such as massage therapy, walking, etc., may involve certain risks of injury, and I am voluntarily participating in such activities at the retreat and assume all risks associated with my participation.

Signature _____

Application deadline is January 17. See other side for address.

Request \$20 donation at time of program.

Remember **you can only attend one overnight program per year.**

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Send this form **no later than January 17** to

Women's Respite Program
1301 Ferry Ave.
Niagara Falls, NY 14301

Or return by email to womensrespit@yahoo.com

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