

Please send completed form to: Colleen Miner 175 Lake Street Saranac Lake, NY 12983 or e-mail to cminer@rcdony.org Please include \$125 check (full payment) made payable to "Respect Life". Or complete your registration and payment online. Thank you.

Questions? Call or Text 1-518-524-0774

Rachel's Vineyard Retreat – May 31 to June 2, 2019

Confidential Participant Registration Information

Full Name _____

Street Address _____

City & Zip Code _____

Email _____

Phone Numbers _____ (home)

_____ (cell)

Is it okay to leave a message on home message machine? _____ on cell? _____

How did you hear about this retreat? (Circle all that apply)

Church bulletin announcement

Word of mouth (friend or family member)

Pastor/priest/minister

Other (please be specific): _____

Website

Diocesan Newspaper

Brochure/Pamphlet

Your age now: _____ # of abortions: _____ At what age(s)? _____

Time since your last abortion _____ (months/years)

Any other reproductive losses, such as miscarriages, infertility, stillbirth? _____

If yes, please share briefly: _____

Religious background: _____

Do you practice your faith on a regular basis? _____

Are you currently taking any medications? _____ Please list names and dosages:

Do you have any dietary needs the kitchen should know about? _____

Do you have any allergies? _____

Emergency Contact (from 6pm Friday, May 31 through Sunday, June 2nd):

Name: _____ Phone Number: _____

Relationship to you: _____

Do you have someone at home who will support your continued healing or would you prefer a participant sponsor who has been through the program to support you?

Please share your reflections on the following:

What makes you feel in need of and ready for the Rachel's Vineyard retreat?