

Committed to Freedom Retreat Registration Form 2010

ALL Retreats begin at 2 pm on Friday and end at 3 pm on Sunday

Registration is from noon to 1:45 pm

Please PRINT and provide ALL information requested (4 pages)

Return to Committed to Freedom Ministries, Inc., P.O. Box 20916 Hot Springs, AR 71903-0916

Phone: 800-713-7837 or 501-623-6850 Fax: 501-623-8053

Website: www.committedtofreedom.org Email: retreatregistration@committedtofreedom.org

Registration Forms Must Be Received NO LATER THAN 14 Days Prior to Retreat

Cost includes Lodging, Meals, Retreat, and Materials

Once your completed registration is received, specific retreat information will be mailed to you.

Please Note:

If you are unable to attend the **entire** retreat from 2 pm on Friday until 3 pm on Sunday, you may not attend the retreat.

Check One	2010 Dates (Registration Deadline)	Retreat Location	‡ Cost	Gender/Population
	October 22 – 24, 2010 (Final Registration Deadline 10/8/2010)	*Staten Island, New York	\$ 500.00	Men's & Women's Retreat
	November 12 – 14, 2010 (Final Registration Deadline 10/29/2010)	**Argyle, Texas	\$ 500.00	Women's Retreat
‡ Cost Chart	Discount Deadline	Payment / Registration Arrangement		
	One month prior to registration deadline.	Option 1: \$ 50.00 discount per person. Registration fee must be paid in full by registration deadline listed above. (\$ 450.00 for individuals / \$ 850.00 for partners)		
	15 Days prior to registration deadline.	Option 2: \$ 25.00 discount per person. Registration fee must be paid in full by registration deadline listed above. (\$ 475.00 for individuals / \$ 925.00 for partners)		
	Registration deadline.	Option 3: Partners receive a \$ 25.00 discount per person if both registrations are received together. This can be in addition to Options 1 or 2. Each participant must list the partner's name below. This is only applicable if both registrations sent/received at the same time. (\$975.00 total after Option 2 expires.)		
Registration deadline is listed with the retreat location information above. Payments in full must be received in full by then.				

If attending with a partner, please give his/her name: _____

* Please note, this retreat is held in a facility with single occupancy room only.

**Please note, this retreat is held in a facility double or single occupancy rooms.

Small group sessions as well as lodging arrangements are divided by gender during co-ed retreats.

PERSONAL INFORMATION

Are you a survivor of childhood/adolescent sexual abuse? Yes No Un-sure

Are you a survivor of childhood/adolescent physical abuse? Yes No Un-sure

Are you a survivor of childhood/adolescent emotional abuse? Yes No Un-sure

Please Print Clearly – if sending by fax, please use dark ink:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Extension: _____ Ok to call? Yes No

Night Phone: _____ Extension: _____ Ok to call? Yes No

Cell Phone: _____ Ok to call? Yes No

Email: _____

Birth Date: _____ Your Age Today: _____ Gender: _____

List any special needs that you have: _____

List any food allergies that you have: _____

List any medications that you are currently taking: _____

List any medical/psychological conditions of which we should be aware: _____

Are you currently seeing a counselor/therapist/psychiatrist? Yes No

- If yes, please give his/her name, address and phone number: _____

◆ Please note, we will not contact anyone regarding your attendance unless requested by you.

Spiritual Beliefs

Do you believe in God? Yes No Un-sure

Describe yourself spiritually: _____

What church, if any, do you attend regularly? _____

City of your church: _____ State: _____

What are you expecting to get from this retreat? _____

Identify any fears that you have regarding this retreat? _____

General Information

Current Marital Status: Married, # of years: _____ Single Separated

Widowed Divorced Other : _____

How many children are living with you? _____

How many children are not living with you? _____

What is your highest level of education? _____

What is your occupation? _____

Is there anything else that you would like to share about yourself? _____

Emergency Contact

First Name: _____ Last Name: _____

Day Phone: _____ Ext: _____

Night Phone: _____ Ext: _____

Cell / Alternate Phone: _____

Relationship to you: _____

CONDITIONS, WAIVER, AND DISCLAIMER REGARDING YOUR PARTICIPATION:

PLEASE READ CAREFULLY AND SIGN:

(Note: Failure to sign prohibits you from attending the retreat)

- I understand that I will stay at the facility for the duration of the entire retreat (meals and lodging).
- I understand that no visitors will be permitted to interrupt the retreat.
- I understand that no children are permitted at the retreat.
- I understand that no animals are permitted at the retreat (unless they are handicap assisted trained dogs).
- I understand that no cell phones or beepers will be permitted at any of the session or retreat activities, but may be used during breaks in the schedule.
- I understand that the *Committed to Freedom Retreat* is not a substitute for medical or psychological care.
- I understand that I will not be advised to stop taking medication(s) or cancel physician/professional care.
- I understand that the staff give their time, compassion and love solely as caring people who want to be channels of God's love to me.
- I understand that the staff are non-credentialed persons who promise no professional or psychological expertise.
- I understand that the focus of this retreat is Christian spirituality.
- I will not hold *Committed to Freedom Ministries, Inc.*, any of its staff, volunteers, board members or any other affiliated organizations and/or persons responsible for my progress or lack of progress.
- I waive any and all claims for myself and my heirs against *Committed to Freedom Ministries, Inc.*, any of its staff, volunteers, board members or any other affiliated organizations and/or persons for injury or illness which may directly or indirectly result from participation.
- My participation in this retreat is my choice and indicates that I am aware and capable of accepting full responsibility for myself and my actions.

Your Authorization Signature

*Parent/Guardian Signature if under age 18

***Please Note:**

This retreat is for adult survivors of abuse. If you are under the age of 18 and wish to attend, please contact our office by phone at 800-713-7837.

Please Complete and Include the Retreat Payment Sheet with your Registration Form

COMMITTED TO FREEDOM RETREAT PAYMENT SHEET

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		Registration deadline.	Option 3: Partners receive a \$ 25.00 discount per person if both registrations are received together. (This can be in addition to Options 1 or 2.) Each participant must list the partner's name below. This is only applicable if both registrations are sent/received at the same time. (\$950.00 total after Option 2 expires.)	
Registration deadline is listed with the retreat location information above. Payments in full must be received in full by the registration deadline.				

The cost for the entire Committed to Freedom Retreat includes lodging, meals, retreat curriculum and materials.

Payment in full must be received by the retreat registration deadline.

Please select payment type:

1. \$ _____ Enclosed with registration form.
 Check Money Order (Please do not send cash.)

2. \$ _____ Charged to my credit card.

Credit Card Information: (check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Account Number: _____	Exp Date: _____	
Name on the Card: _____	Signature: _____	
Card Address: _____		

3. \$ _____ Sponsorship: (Please provide all information requested.)

Name of Sponsor: _____
Contact Person (if sponsor is an organization): _____
Email Address: _____ Phone Number: _____
Address: _____ City: _____
State: _____ Zip: _____ Additional Information: _____
* Full payment must be received by the retreat deadline to insure your attendance.

Checks can be made out to Committed to Freedom Ministries.

Please return payment and completed registration form to:

Committed to Freedom Ministries, PO Box 20916, Hot Springs, AR 71903-0916

Or Fax to: 501-623-8053 (please call 501-623-6850 to make sure it arrives after sending.)

Information packets are sent out two weeks prior to the retreat.

If you wish to receive your packet by email, please clearly print your email address here: _____

Cancellation Refund Policy: If you must cancel, notification must be received 7 days prior to the retreat in order to receive a full refund, minus a \$25 processing fee. There are no refunds after this period.