

**Committed to Freedom Retreat for Women
2006 Retreat Application**

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 (3 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

Applications Must Be Received NO LATER THAN 14 Days Prior to Retreat

\$25.00 Non-Refundable deposit must accompany this application
which will be applied toward the **total** cost of your retreat

Cost: Varies according to location and facilities *Cost includes Lodging, Meals, Retreat, and Materials*
Select the retreat you are applying for. *Once your completed application is received,*

specific retreat information will be mailed to you

Check One	2006 Dates* (Registration Deadline)	Retreat Location*
	June 9-11 (Deadline 5/26/06)	Idyllwild, California
	August 4-6 (Deadline 7/21/06)	Divide, Colorado
	September 15-17 (Deadline 9/01/06)	New York, New York
	November 10-12 (Deadline 10/27/06)	Glen Rose, Texas

**Subject to change*

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

If you want to room with a specific person, please give her name: _____

PERSONAL INFORMATION

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

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

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

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Ext: _____ Ok to call? Yes No

Night phone: _____ Ext: _____ Ok to call? Yes No

Mobile phone: _____ Ok to call? Yes No

Fax: _____ Email: _____

Birth date: _____ Your age today: _____ Gender: _____ (Note: This retreat is for adult women only)

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: _____

If you are currently seeing a counselor/therapist/psychiatrist, please give his/her name, address and phone number: _____

Do you believe in God? Yes No Not 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? _____

Current Marital Status: Married, # of years _____ How many times have you been married? _____

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: _____

Mobile 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 Complete and Include the Retreat Payment Sheet on Page 3 with your Application

COMMITTED TO FREEDOM RETREAT PAYMENT SHEET**Total cost of the retreat:**

2006 Dates* (Registration Deadline)	Retreat Location*	Total Retreat Cost	Non-Refundable Deposit	Amount Due after Deposit
June 9-11 (Deadline 5/26/06)	Idyllwild, California	\$295.00	\$25.00	\$270.00
August 4-6 (Deadline 7/21/06)	Divide, Colorado	\$280.00	\$25.00	\$255.00
September 15-17 (Deadline 9/01/06)	New York, New York	\$385.00	\$25.00	\$360.00
November 10-12 (Deadline 10/27/06)	Glen Rose, Texas	\$370.00	\$25.00	\$345.00

The cost for the entire Committed to Freedom Women's Retreat includes lodging, meals, retreat curriculum and materials. From time to time, there are limited scholarships available for women in need.

You must contact our offices in writing regarding your need no later than four weeks prior to the retreat.

Payment Calculation Table

Non-Refundable Deposit Included:	\$25.00	This will be applied toward your retreat cost
Amount Due After Deposit	\$	Based on the retreat you selected
Less \$15.00 discount if paid in full by registration deadline		You may deduct \$15 from your registration fee if you pay in full prior to the retreat registration deadline
Total Amount Due	\$	

If we receive payment in full prior to the retreat deadline, you may deduct \$15.00 from your total retreat costs.

Please select which payment plan that you will use:

1. \$ _____ enclosed
2. \$ _____ charged to my credit card (Payment plans are NOT available when paying by credit card)

<p><u>Credit Card Information</u> (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Account Number: _____</p> <p>Expiration Date: _____ Name as it appears on card: _____</p> <p>Signature to authorize charge: _____</p>
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3. \$ _____ to be paid upon arrival at the retreat
4. Select a monthly payment plan (not available for credit card payments):
 - \$50.00 per month, payable by the 15th of each month
 - \$25.00 per month, payable by the 15th of each month
 - \$15.00 per month, payable by the 15th of each month

Cancellation Refund Policy: If you must cancel, notification must be received 7 days prior to registration in order to received a full refund (excluding the non-refundable deposit). There are no refunds after this period.