

Committed to Freedom Retreat Registration Form

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

Registration is from noon to 1:45 pm

Please PRINT and provide ALL information requested (4 pages)

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

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

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

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

Online Registration is Available

Cost includes lodging, meals, retreat and materials.

Once your completed registration is received, specific retreat information will be mailed or emailed 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.

2011 Dates (Registration Deadline)	Retreat Location	‡ Cost	Gender / Population
June 3 – 5, 2011 (Final Registration Deadline 5/20/2011)	* Staten Island, New York	\$ 500.00	Men's & Women's Retreat
‡ Cost Chart	Discount Deadline	‡ Payment / Registration Arrangement	
	April 20, 2011 4/20/2011	Option 1: \$ 50.00 discount per person. <i>Registration fee must be paid in full by the registration deadline listed above.</i> (\$ 450.00 for individuals / \$850.00 for partners)	
	May 6, 2011 5/6/2011	Option 2: \$ 25.00 discount per person. <i>Registration fee must be paid in full by the registration deadline listed above.</i> (\$ 475.00 for individuals / \$ 925.00 for partners)	
	May 20, 2011 5/20/2011	Option 3: Partners receive a \$ 25.00 discount per person if both registrations are received together. This is only applicable if both registrations are sent / received at the same time. (\$ 975.00 total after May 6, 2011)	

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

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

Men's and women's lodging, as well as small group sessions, are divided by gender during co-ed retreats.

PERSONAL INFORMATION

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

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

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

Please Print Clearly – if you are sending via fax, please use dark blue or black ink:

First Name: _____ Last Name: _____

Address: _____

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, or psychiatrist? Yes No

• If yes, please give his or her name and contact information: _____

❖ Please note, we will not contact ANYONE regarding your attendance unless requested by you.

SPIRITUAL BELIEFS

Do you believe in God? Yes No Unsure Other: _____

Describe yourself spiritually: _____

What church or place of worship, if any, to you attend regularly? _____

City of your church or place of worship: _____ State: _____

What are you expecting to get from this retreat? _____

Identify any fears you may 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 you would like to share about yourself? _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Alternative 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 (including meals and lodging.)
- I understand that absolutely 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 (trained assistance dogs are permitted).
- I understand that no cell phones, tablet devices, computers, or beepers will be permitted at any of the sessions 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 or 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, 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, 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 my 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**

Today's Date: _____

*** PLEASE NOTE:**

This retreat is for adult survivors of abuse. If you are under 18 and wish to attend, please contact Committed to Freedom by phone at 800-713-7837 or by email, information@committedtofreedom.org.

COMMITTED TO FREEDOM RETREAT PAYMENT SHEET

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		May 20, 2011 <small>5/20/2011</small>	Option 4: Individual payment in full. (\$ 500.00 total after May 6, 2011)
ALL PAYMENT ARRANGEMENTS MUST BE MADE AND PAID IN FULL BY THE RETREAT DEADLINE			

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

PLEASE SELECT PAYMENT TYPE

1. \$ _____ **Enclosed with registration.** (Check one, do not send cash.) **Check** **Money Order**

2. \$ _____ **Charged to my credit card.** (Please enter credit card information below.)

Credit Card Information: (Check one.) Visa MasterCard

Account Number: _____ Exp Date: _____

Name on the Card: _____ Signature: _____

Billing Address: _____

Billing City: _____ State: _____ Zip Code: _____

3. \$ _____ **Full Sponsorship** **Partial Sponsorship** (Please provide all of the requested information.)

Name of Sponsor: _____

Contact Person (if sponsor is an organization): _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sponsorship Type: Check Money Order Credit Card (Please enter information in box above.)

Full payment must be received by retreat registration deadline to insure your attendance.

Checks can be made out to Committed to Freedom.

Please return registration form and payment to:
 Committed to Freedom, PO Box 20916, Hot Springs, AR 71903-0916
 Or fax: 501-623-8053 (Please call 501-623-6850 to confirm arrival.)

Information packets are sent out two weeks before the retreat. If you have provided an email address, it will be sent via email.

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.