

EXTENSIVE CARE RETREAT REGISTRATION FORM

Each person registering for a retreat must submit a completed registration form and pay a \$250 non-refundable deposit. A spot at a retreat is not guaranteed until the form and deposit is received by our office. The remaining balance (\$1,745) must be paid in full 60 days prior to the beginning of the retreat.

Name: _____ Age: _____ Sex: Female Male
Address: _____
City: _____ State/Prov: _____ ZIP/Post Code: _____
Country: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Please reserve my place at the following retreat: February August November

NOTE: All accommodations are shared, double occupancy. (A limited number of single rooms are available on a first-come, first served basis for an additional charge of \$350. Please contact us for more information and to check availability.)

Please list any special dietary requirements for meals, allergies, handicap needs or health issues:

The book, *Draw Close to the Fire* by Terry Wardle is required reading for the retreat. A few weeks before the retreat, you will receive a pre-retreat journal, which corresponds with this book.

I have a copy of *Draw Close to the Fire* I do not have a copy of *Draw Close to the Fire*

Enclosed is this completed form and a \$250 check*, payable to "Healing Care Ministries" to reserve my place at the above retreat. I will be notified via email when my reservation is received. By signing below, I understand my \$250 deposit is non-refundable. I also understand that the balance of the retreat (\$1,745) is due 60 days prior to the retreat and if the balance is not paid by this deadline, my reservation can be cancelled automatically.

Signature Date

*Please call for more information about paying by credit card.

Healing Care Ministries; PO Box 772; Ashland, OH 44805-0772

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