

Rachel's Vineyard Retreat Registration

The retreat and registration are strictly confidential

Registration Form is for the retreat. Due to the confidentiality policy, the location of the retreat will come in another packet. Upon receiving your registration form **please return the registration form and deposit no later than**

CONFIDENTIAL PARTICIPANT INFORMATION

Name _____ Today's Date _____
(first & last)

Mailing Address _____

City & Zip _____

Phone number: _____ Email: _____

Date of Birth: _____

May we contact you by letter? _____. By email? _____

Is it okay to leave a first name only message? _____

Religion : _____

How long since last abortion? _____

Have you told anyone about the abortion? _____

Do you have any special needs/ disabilities/ special diet/ _____

Do you need handicap accessibility? _____ -

Do you have any food allergies? Yes _____ No _____

If yes please list:

Do you have any concerns?

Please include a check or money order in the amount of \$280. You can send the full amount or a deposit of \$80 per person with your application. The full amount is due 2 weeks before the retreat date. The fee covers your 2 nights lodging, 7 meals and materials for the weekend. There is a \$25 nonrefundable deposit fee. We do have financial assistance available.

Please make checks payable to Rachel's Vineyard Savannah

Mail to **Stephanie May**
 40 N Cromwell Rd
 Savannah, GA 31410

Phone 912-306-0406

Email: stephaniemay135@gmail.com

Please be assured you will be in our prayers. May God bless you as you come to experience His mercy