



**H-E-A-R-T Victim To Victim Retreat
APPLICATION FORM
www.h-e-a-r-t.org**



Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____
Referred by _____
(Therapist/mentor)
: _____ **Contact #** _____

Birth Date: _____ Marital Status: **Single** **Married** **Widow** **Divorced**

Life Partner's Name: _____ **/Hobbies:** _____

T-Shirt size: **S** **M** **L** **XL** **XXL** **XXXL**

Credit Card Info(For Deposit) # _____ **Exp.** ____/____ **Sec. Code:** _____

Medical Information

Special Dietary Needs: **YES** **NO** If yes, please list: _____

Medications? **YES** **NO** If yes, please list _____

Allergies: **YES** **NO** If yes, please list _____

Do you smoke (Needed for roommate pairings)? **YES** **NO** Handicap access needed? **YES** **NO**

In Case Of Emergency

Full Name: _____
Last *First* *M.I.*

Home Phone: _____ Work Phone: _____ Relationship: _____

AGREEMENT: I agree to be a willing participant (mandatory for attending) and I authorize the leader(s) of the retreat to contact either my therapist or my emergency contact person in case of an emergency.

Applicant Signature: _____ Date of Signature: _____

REQUIREMENTS FOR CONSIDERATION OF THIS RETREAT

1. You must be referred by a therapist, counselor, pastor, etc. who will be available for follow-up.
2. You must be willing to attend for the entire retreat due to its unique design.(Wed. 11 am-Sun. 2 pm)
3. A \$100 fully refundable deposit is required and will be returned the last day of the retreat.
4. Return application and deposit via e-mail at robanddeb@hughes.net or mail to H-E-A-R-T, Inc., P. O. Box 1813, Williamsburg, VA 23187-1813. Additional questions, please call 804-829-2981.

