

Rachel's Vineyard Retreat Registration Form

I am registering for the following retreat:

_____ January 27 - 29, 2017

_____ June 2 - 4, 2017

_____ September 29 - October 1, 2017

Name: _____

Address: _____

City/State/Zip: _____

Phone: Home _____ Work: _____ Cell: _____

Email address: _____

Are you on any medications? (Please name) _____

Do you need handicapped accessibility? _____

How many abortions? _____ Miscarriages? _____

Prior help: Bible study _____ Counseling _____ Other _____

Religious affiliation: _____

Are you currently a Veteran or currently serving in the military (active duty, guard or reserves)? _____

Emergency contact during retreat:

Name: _____

Phone: _____

How did you hear about PATH? _____

The total cost of the retreat is \$225.00. A deposit of \$50.00 is required to reserve your place. **Balance must be paid in full one week prior to retreat.**

Enclosed is my payment (check only no cash) payable to P.A.T.H. in the amount of _____.

Mail to: **PATH Inc.** **P.O. Box 501238** **Atlanta, Ga. 31150**