**Registration Information**

Please provide the following information and send it back prior to class. Thank you, and I look forward to being with you.

Peace in the Wild: Therapeutic Nature Weekend – Fall 2020

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Name:

Address:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Gender: □ Male □ Female

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ May I leave a message? □ Yes □ No

Cell Phone: \_\_\_\_\_\_\_\_­­\_\_\_\_ May I leave a message? □ Yes □ No

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May I email you? □ Yes □ No

**\*Please note: Email correspondence is not considered to be a confidential medium of communication.**

Emergency/contact person (name, relationship, phone, address). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I will commute back and forth to the retreat □

I will stay overnight in a tent or local hotel □

In terms of staying at a local hotel, we recommend the Hampton Inn Shrewsbury, Pa (18 minutes from retreat center) OR Embassy Suites in Hunt Valley (17 minutes from retreat center)

**ADDITIONAL INFORMATION**

1. A) Do you have any physical limitations? Please be aware that this weekend requires a fair amount of walking.

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1. B) Do you have any dietary restrictions or allergies?

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2. Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, please describe your faith or belief system and any spiritual practices you engage in (e.g. prayer):

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3. How often to you connect with Nature (e.g. taking walks, gardening, birding, biking, etc.)

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4. Have you practiced meditation or centering prayer before?

□ No □ Yes

If yes, please describe your previous experience:

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5. Please rate your current stress level.

(Low) 0 1 2 3 4 5 6 7 8 9 10 (High)

6. Do you currently suffer from any mental health issues (e.g. anxiety, depression, etc.)?

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7. What are your 2 most important goals for attending the nature weekend?

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8. How comfortable are you spending time outdoors?

Very comfortable □ Somewhat comfortable □ Not comfortable □

List any concerns about being outdoors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Choose your preferred accommodation:

 □ Tent (bring your own)

 □ Tent (rent from you) \*set up included

 *□* Local Hotel

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*Rental includes: tent & sleeping mat ($50/weekend)*

11. Peace in the Wild offers financial aid to participants who are in need of financial support. Would you like to be considered for financial aid?

□ Yes □ No

If *No*, would you like to donate to the financial aid fund?

□ Yes □ No

If *Yes*, please enclose a separate check with the donated amount and put on the memo line “Donation”. Thank you!!

Your balance is due 2 weeks prior to the start of PIW.

Cancellation policy: No refund is possible 2 weeks prior to the beginning of Peace in The Wild.

Complete this form and return with a deposit of $100 to:

CMHC

c/o Dr. Heidi Schreiber-Pan

1010 Dulaney Valley Rd.

Towson, MD 21204

Or email *billings@cmhcweb.com* to receive a digital invoice