



# Heroes Equine Learning Program

## Spouse Retreat Application

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### Attendee Information

Last Name:		First Name/M.I.:	
Street Address:		Apt./Unit#:	
City:	Postal Code:		
Mailing Address if Different:			
Phone:		Email:	
Birth Date:			

### Medical

Dietary Constraints:		Allergies:	
Illness/Injury Date:			
Medical Conditions:		Medications:	
Other:			

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## Spouse Retreat Application

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Participants Name:
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### Spouse and Other Contact Information:

Name of spouse: Branch of Services (i.e., Police, CAF, etc.): Contact phone number of spouse:
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Name of Emergency Contact (other than spouse):	
Phone:	Email:

Additional information retreat staff should know about:
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### Alcohol and Drug Use Agreement:

By signing below, I (participant) agree and understand that the H.E.L.P. Retreat Program is a dry retreat program and alcohol and non-prescribed narcotics are not permitted nor tolerated during the program. If use of alcohol or narcotics does occur, I agree to pay the full amount of retreat (i.e., \$1700) to the organization and will be asked to leave the program immediately.

### Fees and Payments: \$150.00 (Registration Fee)

4-Day Retreat including 4 night accommodations and 3 days of meals

#### Applicant Registration Fee (choose one):

**Refund Policy:** Refunds less \$50 administrative fee per applicant up to thirty days prior to retreat.

Name as it appears on card: ___ Visa    ___ MasterCard Total fee charged on card will be reflective of registration *Fees will only be charged after application has been approved and you are notified by email	
Credit Card Number:	
Expiration Date:	Security Number:
<i>You agree to the fees, terms, and conditions above:</i>	
Card Holder's Signature:	Date:

### Disclaimer and Signature:

I certify my answers are true and completed to the best of my knowledge:	
Signature:	Date: