

Please send completed form to: Colleen Miner 175 Lake Street Saranac Lake, NY 12983  
or e-mail to: [cminer@diogdensburg.org](mailto:cminer@diogdensburg.org) Questions? 518-891-2309 or 518-524-0774  
Please include \$100 check (full payment) made payable to "Respect Life". Thank you.

*Rachel's Vineyard Retreat – October 5 to October 7, 2012*

**Confidential Participant Registration Information**

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

Is it okay to leave a message on home message machine? \_\_\_\_\_ on cell? \_\_\_\_\_

How did you hear about this retreat? (Circle all that apply)

- |   |                    |
|---|--------------------|
| Church bulletin announcement            | Website            |
| Word of mouth (friend or family member) | Diocesan Newspaper |
| Pastor/priest/minister                  | Brochure/Pamplet   |
| Other (please be specific): _____       |                    |

Your age now \_\_\_\_\_ # of abortions \_\_\_\_\_ At what age(s)? \_\_\_\_\_

Time since your last abortion \_\_\_\_\_ (months/years)

Any other reproductive losses, such as miscarriages, infertility, stillbirth? \_\_\_\_\_

If yes, please share briefly: \_\_\_\_\_

Religious background: \_\_\_\_\_

Do you practice your faith on a regular basis? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Please list names and dosages:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (from 6pm Friday, October 5th through Sunday, October 7th):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you have someone at home who will support your continued healing or would you prefer a participant sponsor who has been through the program to support you? \_\_\_\_\_

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**Please share your reflections on the following:**

What makes you feel in need of and ready for the Rachel's Vineyard retreat?