

# Roots of Hope Grief Retreat

## Registration Information Form

Thank you for taking the time to complete this detailed questionnaire. It will provide us with necessary information so that we can offer the best possible experience to you. All information will be confidential and will only be shared with group facilitators.

1. Name \_\_\_\_\_

Birthdate: D\_\_\_\_M\_\_\_\_Y\_\_\_\_\_

2. Address \_\_\_\_\_

Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (day) \_\_\_\_\_

Telephone # (eve) \_\_\_\_\_

E-mail \_\_\_\_\_

3. Please provide some details about who or what you are grieving for and what you hope to gain from the retreat experience.

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4. Have you received any professional help for your grief? What kind? Was it beneficial?

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5. Have you received any other help, such as participation in a support group? Was it beneficial for you OR has your grief become more difficult to deal with in any way?

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6. Are you currently being treated for significant depression or anxiety, panic attacks, post traumatic stress disorder, or other psychiatric disorders? If so, please provide some details.

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7. Who would you like us to contact in case of emergency?

Name and relationship \_\_\_\_\_

Tel. # \_\_\_\_\_

8. Do you have any allergies/food sensitivities or other? If yes, please list.

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9. Do you have any special dietary requirements? \_\_\_\_\_

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10. Shared room accommodation may be necessary. Does this present a problem for you?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Would you be interested in massage (at our site) for an additional charge?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is there anything else we should know to ensure that you are comfortable sleeping at the Retreat Center?

\_\_\_\_\_

13. Apart from your present grief, please list any other major stresses, life changes or losses you are currently dealing with in your life (medical treatments, relationships, finances, other).

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\_\_\_\_\_

14. Please list the three things you most look forward to during the Retreat.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

15. Do you have any fears or anxieties about the Retreat? If yes, please be specific.

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16. Are you able to provide your own transportation to the Retreat House near Mount Shasta?

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17. How did you hear about the retreat? \_\_\_\_\_

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Please e-mail the completed form to [gratitude@kellymcree.com](mailto:gratitude@kellymcree.com)

**Thank you for your interest in Roots of Hope!**  
**A follow-up phone call to this application will be arranged with you in the near future.**