

# Rachel's Vineyard Retreat

When: March 1-3, 2019 (Fri 5pm - Sun 5 pm)

Location: Prior Lake (details coming)

Fee: \$180.00 per person (includes overnight lodging, all meals and snacks)  
Financial assistance is available.

You will receive additional information and directions closer to the time of the retreat.

It is important that you make a commitment to stay for the entire retreat as missing any part of the retreat will interfere with the closure you seek. Consider this time a special gift that you are giving to yourself.

Advance registration is very helpful. If you are registering within a week of the retreat, it would be better to register on-line, by email, or by phone in order to secure your registration and receive directions quickly.

## ***Rachel's Vineyard Retreat Registration***

Name \_\_\_\_\_  
First Last Prefer to be Called...

Address \_\_\_\_\_  
Street City State Zip Code

Phone(s) \_\_\_\_\_  
Home Cell

Email \_\_\_\_\_

How would you prefer to be contacted? \_\_\_\_\_

1. Age \_\_\_\_\_

2. Marital status: single married separated divorced widowed

3. In case of emergency during the retreat, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you? \_\_\_\_\_

4. What religious faith are you? \_\_\_\_\_  
(all are welcome)

5. How did you hear about this retreat? \_\_\_\_\_

6. If you need financial assistance, how much are you able to pay? \_\_\_\_\_

7. How long has it been since your abortion? \_\_\_\_\_ How old were you? \_\_\_\_\_

8. Indicate the number of: abortions \_\_\_\_\_ miscarriages/stillborn \_\_\_\_\_

9. Do you have living children? How many and what are their ages? \_\_\_\_\_  
\_\_\_\_\_

10. Is your spouse/partner the father or mother of your aborted child? \_\_\_\_\_

Would he/she be interested in attending the retreat with you? \_\_\_\_\_  
(Spouses are welcome to attend.)

11. Have you kept the abortion a secret? \_\_\_\_\_

12. Have you had any counseling regarding the abortion? \_\_\_\_\_

Was it helpful? \_\_\_\_\_

13. Have you ever been diagnosed with any emotional or psychological disorder(s)? \_\_\_\_\_

If yes, what was the diagnosis? \_\_\_\_\_

14. Do you have any special needs (hearing, sight, mobility), medical, or dietary needs? Are you allergic to scents such as perfumes or flowers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Anything you would like to share about yourself? (hobbies, work, pets, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you have any questions or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The fee for the retreat is \$180. If you are unable to pay that much, pay what you can. Checks can be written to RVTC.

Mail your registration and payment to:

Nancy Blom  
Rachel's Vineyard Twin Cities  
2820 - 67th Lane North  
Brooklyn Center, MN 55430

If you have questions, contact us at [rachels@rvineryardmn.org](mailto:rachels@rvineryardmn.org) or (763) 250-9313.