

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
1066 County Highway 10 NE #401
Spring Lake Park MN 55432

If you have questions, contact us at rachels@vineyardmn.org or (763) 250-9313.