

Alongside, Inc.
P.O. Box 587, Richland, MI 49083
Phone (269) 671-4809
Fax (269) 671-4977

**Renewal and Growth Retreat
Application Form**

Name _____

Address _____

Phone Number _____ E-Mail _____

Retreat Dates for which you are applying _____

Number of people attending _____ Will your children be attending with you? _____

Do you need on-site childcare? _____ (On-site childcare can be arranged and will cost an additional \$75/child per week)

Specific needs or goals for attending the retreat:

Are any prospective participants currently suffering with suicidal thoughts/tendencies or are experiencing psychotic symptoms which are not currently controlled by medication?

Is chemical/substance dependency or addiction a primary reason for seeking treatment at this time?

Are there any other special needs or issues of which we should be aware?

Once your application has been approved, we require a non-refundable deposit of \$500 to secure your place in the retreat. Please make checks payable to Alongside, Inc.

Please return this form to **Alongside** via mail or e-mail. Thank you for taking the time to answer these questions; we are excited at the possibility of meeting you and serving you! Your answers to these questions will help us determine if we can be of help to you or if you might be better served in some other way. If **Alongside** determines that this ministry would not likely be significantly helpful for your needs, we will attempt to inform you of other caregiving options of which we are aware.