

Registration Form: Southeast Arising Retreat

First Name

Last Name

City State

Email

Phone: provide best number to reach you: _____

Emergency Contact: name and phone _____

*Rooms are all double occupancy. If there is someone you would like to room with, share their name below

* We will do our best to accommodate any dietary needs. However, plan to supplement meals as needed. Fridges and microwaves are available for your use.

Gluten Free _____

Vegetarian _____

Other _____

*Would you be willing to carpool?

Yes and I'm willing to drive

Yes and I need a ride

No Thank you

*If you are willing to carpool, how many passengers can you take?

*We will be recording this event. Please indicate here your permission to be recorded. Note: we will not use recordings of any personally shared interactions without permission.

*Where did you hear about this event?

*Is there any additional information or comments you would like to leave?