



Heroes Equine Learning Program

Retreat Application

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Attendee Information

Last Name:		First Name/M.I.:	
Street Address:		Apt./Unit#:	
City:	Postal Code:		
Mailing Address if Different:			
Phone:		Email:	
Birth Date:			
Branch of Service:	Rank:	Active service/ End Date:	
Type of Discharge:			
Active Duty:	Retired:	Medically Retired:	

Medical

Dietary Constraints:		Allergies:	
Illness/Injury Date (can be estimated):			
Medical Conditions:		Medications:	
Amputee:		Vision/Hearing Loss:	
Post-Traumatic Stress:	Traumatic Brain Injury:		Burn:
Other:			

Remember to save form as pdf before emailing or sending to:
info@help-ptsd.com or mail to P.O. Box #72, 2341 Perkins Drive, North Gower, ON, K0A 2T0

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Participants Name:

Other Contact Information:

Commander or Supervisor's Name (if still active):

Phone:

Email:

Case Manager (if applicable):

Phone:

Email:

Additional information retreat staff should know about:

Referral Process:

A referral from a physician, medical doctor, psychiatrist, or psychologist must be attached to the Retreat Application form. This referral must state the participant experiences only mild to moderate post-traumatic stress symptoms and characteristics.

Alcohol and Drug Use Agreement:

By signing below, I (participant) agree and understand that the H.E.L.P. Retreat Program is a dry retreat program and alcohol and non-prescribed narcotics are not permitted nor tolerated during the program. If use of alcohol or narcotics does occur, I agree to pay the full amount of retreat (i.e., \$1700) to the organization and will be asked to leave the program immediately.

Fees and Payments: \$150.00 (Registration Fee)

4-Day Retreat including 4 night accommodations and 3 days of meals

Refund Policy: Refunds less \$50 administrative fee per applicant up to thirty days prior to retreat.

Name as it appears on card:

___ Visa ___ MasterCard

Total fee charged on card will be reflective of registration

*Fees will only be charged after application has been approved and you are notified by email

Credit Card Number:

Expiration Date:

Security Number:

You agree to the fees, terms, and conditions above:

Card Holder's Signature:

Date:

Disclaimer and Signature:

I certify my answers are true and completed to the best of my knowledge:

Signature:

Date:

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