

Down To The River Retreat Registration

Name: _____ Address: _____

City: _____ State _____ ZIP _____

Email _____ Phone: _____

Emergency Contact name/number _____

Occupation: _____

Church name and denomination _____

Have you been in spiritual direction in the past? If yes, describe:

What are your expectations for your retreat day?

1. _____

2. _____

3. _____

Why are you seeking a retreat at this time?

Briefly describe any counseling or psychiatry services you have received and why.

Describe your relationship with God. _____

Describe how you meet and interact with God:

How does God view you?

How do you view God?

Do you have any physical limitations, allergies or dietary restrictions? If yes, please describe:

Confidentiality Information and Release

Information shared during retreats is confidential and will not be discussed or released to anyone, except in cases where there is sufficient cause to believe that a life is in danger.

Spiritual directors are required by law to report child abuse, child sexual abuse, elder abuse or intentions to harm self or others. If you have any questions or reservations about the policy in regard to confidentiality, then the policy should be discussed before signing below. By signing below, you are accepting the confidentiality policy, its limits and exceptions.

Directee Name (printed): _____

Directee Signature: _____

Date: ____/____/____