



# WOMEN'S REFUGE OF VERO BEACH

## REGISTRATION FOR 2017 LEADERSHIP CONFERENCE

PLEASE SEND COMPLETED FORM WITH PAYMENT TO: FAX 772-770-2779

OR EMAIL TO: WOMENSREFUGEVB@ATT.NET

Conference Date:

August 6th—12th

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARITAL STATUS: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorce \_\_\_ Widowed \_\_\_

CHURCH AFFILIATION \_\_\_\_\_

DO YOU MAINTAIN SPIRITUAL ACCOUNTABILITY? Y \_\_\_ N \_\_\_ WITH WHOM?  
\_\_\_\_\_

ARE YOU INVOLVED WITH A MINISTRY? \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WOULD YOU OBJECT TO SHARING A ROOM? Y \_\_\_ N \_\_\_

DO YOU HAVE ANY DIET RESTRICTIONS? \_\_\_\_\_

PLEASE LIST ALLERGIES \_\_\_\_\_

PLEASE DESCRIBE ANY PHYSICAL LIMITATIONS \_\_\_\_\_

CAN YOU SWIM? Y \_\_\_ N \_\_\_

**PLEASE LIST ANY MEDICATIONS YOU ARE NOW TAKING \_\_\_\_\_**

**WHAT DO YOU CONSIDER TO BE YOUR STRENGTHS AND WEAKNESSES?**

**WHAT DO YOU HOPE TO GAIN FROM ATTENDING THE LEADERSHIP CONFERENCE? \_\_\_\_\_**

**IS THERE ANYTHING ELSE YOU THINK WE SHOULD KNOW ABOUT YOU?**