



WOMEN'S REFUGE
OF VERO BEACH

REGISTRATION FOR 2019 LEADERSHIP CONFERENCE

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

OR EMAIL TO: WOMENSREFUGEVB@ATT.NET

Conference Date:

March 10-16

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?