



**WOMEN'S REFUGE**  
**OF VERO BEACH**

**REGISTRATION FOR 2018 LEADERSHIP CONFERENCE**

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

OR EMAIL TO: WOMENSREFUGEVB@ATT.NET

**Conference Date:**

**August 5th—11th**

**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?**