

LIFESKILLS RANCH PROGRAM, INC.
PEACEFUL SPIRIT WIDOWS RETREAT
"Enrich, Educate & Empower"

APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION

Name _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Home Ph# _____ Cell _____ Email _____

Name and Phone # for emergency contact: _____

How long have you been widowed? _____

Are you willing to share your story?

YES _____ MAYBE, IF IT FEELS RIGHT _____ NO, NOT YET _____

PARTICIPANT'S HORSE KNOWLEDGE/ABILITY (NO experience is necessary!) - please mark one

Beginner - little or no experience _____ Intermediate - some experience with limited skills _____

Advanced - Skilled and able ride with confidence _____

HOW DID YOU HEAR ABOUT THE PEACEFUL SPIRIT RETREAT?

WHAT ARE YOUR EXPECTATIONS OR HOPES FOR THIS RETREAT?

DO YOU HAVE A RELIGIOUS AFFILIATION OR BELIEF?

DO YOU HAVE ANY PHYSICAL DISABILITIES OR LIMITATIONS?

IS THERE ANYTHING THAT GIVES YOU APPREHENSION OR CONCERN ABOUT THIS RETREAT? _____

DO YOU HAVE ANY SPECIAL FOOD REQUIREMENTS OR ALLERGIES? _____

HEALTH HISTORY

PLEASE CHECK ANY THAT APPLY:

____ HEART OR CIRCULATION PROBLEMS

____ BLOOD SUGAR IMBALANCE

____ BREATHING DIFFICULTY OR ATHSMA

____ SIEZURES

____ MENTAL HEALTH ILLNESS

____ ALLERGIES*

____ JOINT OR BONE CONDITION

*****RETREAT LOCATION IS 1 HOUR FROM THE NEAREST MEDICAL FACILITY*****

If any of the above conditions are checked, please explain: _____

ARE YOU TAKING ANY MEDCIATIONS ON A DAILY BASIS? _____ IF YES, PLEASE LIST BELOW.

WHEN COMPLETE, PLEASE MAIL ALONG WITH A \$50 DEPOSIT (REFUNDABLE UPON ARRIVAL) TO:
LIFESKILLS RANCH PROGRAM 1967 ALDER CREEK LOOP, ST. MARIES, IDAHO 83861

APPLICATION DEADLINE IS APRIL 1ST