

VETERAN MEDITATION RETREAT (VMR)

APPLICATION

Veterans Meditation Retreat October 13-16, 2023

PERSONAL INFORMATION (All personal information is confidential and treated accordingly.)

Name _____ DOB _____

Ethnicity _____ Tribal Affiliation _____ Preferred Gender _____

How would you like your name displayed on nametag? Name _____ (options to display)

Preferred Pronoun _____ Branch of Service _____

Home Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Emergency Contact Information

Name _____ Relation to you _____

Email _____ Phone Number _____

Please include a copy of your DD-214 with your application, VA Medical card, VA Veteran Card, Military ID, or get in touch with a Local or State Vet Center to assist you.

Have you attended any previous meditation retreats? Yes No If yes, when? _____

Are you diagnosed with Post Traumatic Stress (PTS)? Yes No

On occasion there are service dogs that attend the retreats.

Do you have an issue being around dogs? Yes No Comments: _____

Do you have a Service Dog that is required because of a disability? Yes No

What work or task has the dog been trained to perform? _____

***Please Note:** "We welcome your well-behaved service dogs, the pet fee is \$75 per stay for the first dog, and \$35 for the second dog. Guests cannot leave pets unattended. Dog weight limit is 60 lbs.

MEDICAL INFORMATION

VETERAN NAME: _____

For emergency purposes please list any current Prescription Medications (attach list if necessary):

Do you have any medical diagnosis Veteran Meditation Retreat Staff needs to be aware of?

Food Allergies: _____

Dietary: Vegetarian options will be available, upon request, if you have any other dietary restrictions, please bring your own food.

A smoking area will be available where designated by hotel regulations

Once your application has been received and processed, you will be notified and additional information will follow upon acceptance. **Availability is limited.**

Options to submit the application

- Mail the entire completed Retreat Application to: **VETERANS
MEDITATION RETREAT
PO BOX 9286
Santa Fe, New Mexico 87504**
- Email scanned applications to retreat info@lifetransitions.com
- Take a picture of application and text to 505-982-4183
- Google Form Application Link

I have read the entire application and believe all of the answers given on the Retreat Application are true and correct.

Signature _____ **Date** _____

Printed Name _____