VETERAN MEDITATION RETREAT (VMR)

APPLICATION

Veterans Meditation Retreat October 13-16, 2023

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

Name		DOB				
EthnicityTril	oal Affiliation	Preferred Gender _				
How would you like your r	name displayed on na	ametag? Name	(options to display)			
Preferred Pronoun		Branch of Service				
Home Address						
City	State	Zip Code				
Email	Phone Number					
Emergency Contact Infor	mation					
Name		Relation to you				
Email		Phone Number_				
Please include a copy of	your DD-214 with y	our application, VA Medical card	l, VA Veteran Card, Military			
ID, or get in touch with a	Local or State Vet	Center to assist you.				
Have you attended any pre	vious meditation retr	reats? ☐ Yes ☐ No If yes, when	?			
Are you diagnosed with Po	st Traumatic Stress ((PTS)? □ Yes □ No				
On occasion, there are serv	ice dogs that attend t	the retreats.				
Do you have an issue being	g around dogs? \Box Ye	es No Comments:				
Do you have a Service Dog	g that is required because	ause of a disability? \square Yes \square No				
What work or task has the	dog been trained to p	perform?				
*Please Note: "We welcon	ne your well-behaved	d service dogs. The pet fee is \$75 p	er stay for the first dog, and \$3			

for the second dog. Guests cannot leave pets unattended. The 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: \square Vegetarian options will be available upon request; if you have any other dietary restrictions, please oring your own food.
A smoking area will be available where designated by hotel regulations.
Travel Information
What mode of transportation are you using to get to the event?
Do you need transportation provided to the venue? ☐ Yes ☐ No
If yes , are you willing to be a 15-passenger van driver? \square Yes \square No
If yes , do you have liability insurance? \square Yes \square No
What kind of support do you need to get to the event?
Do you need help paying for the \$10/day parking fee at the Clyde? ☐ Yes ☐ No
Do you need assistance with transportation (gas, train, bus, etc.) ☐ Yes ☐ No Comments

How To Submit Application

Once your application has been received and process	sed, 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 the application and text it to 505-982-4183
- Google Form Application Link

I have read the entire application and believe all	l of the answers given on the Retreat Application are true and correct.
Signature	Date
Printed Name	