

PELICAN HOUSE PARTICIPANT INFORMATION

In order for us to provide for you in the best way during your stay please take a moment to fill out the contact, health and program questions included in this registration form. This form will be shared with the Trinity Center Host or Mentor for your Program. Any special dietary needs will be shared with the Kitchen so they can prepare for your stay.

Participant Information:

Your Name: _____
First Last Preferred Name

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____
() work () Cell

1. Do you have any health condition, (allergies, chronic conditions), or special circumstances (legal arrangements or religious convictions) which may affect participation or that we should know about in case of emergency? () yes () no If yes please explain

2. Are you able to use stairs without assistance? () yes () no If no please explain.

3. The dining room is located across the street from Pelican House. Will you need special transportation (golf cart) to get to and from the dining room? () yes () no

3. Whom shall we notify in case of an accident or medical emergency?

Name: _____ Relationship: _____
First Last

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____
() work () Cell

4. Do you have any special dietary needs (vegetarian, low-sodium etc.) that we would need to know about? () yes () no If yes please explain

Signature Date

RETREAT INFORMATION

Please check all that apply:

- This is my first Silent Retreat
- I am an experienced retreatant
- This is my first time at Pelican House
- This is my first time at Trinity Center
- During Silent Retreats I usually like to talk with my meals.
- I prefer not to have table talk while on Silent Retreat
- I keep a journal regularly.
- I have a "rule of life"

I would like to have an opportunity for:

- Spiritual Direction
- The Rite of Reconciliation
- Prayer for Healing
- Corporate Prayer

How did you hear about Pelican House Silent Retreats?

- Web Site
- Friend
- Church (circle all that apply)
 - Bulletin
 - Newsletter
 - announcement
- Other _____

Please take a moment to tell us about what you look for when deciding on a retreat location or program. What features would draw you to a program? (i.e. space, quiet time, beach or pool, corporate prayer/worship, reading, journaling, being quiet with people etc.)

Please return this form to:

TRINITY CENTER
Attn: Leslie Goff
PO Drawer 380
Salter Path, NC 28575