

“ALL IS WELL”
... Our Healthful Retreat Registration Form ...

Name: _____

Home Address: _____

Phone: Home: _____ **Work:** _____

Email: _____

Your Occupation/Title: _____

Your Week-end Package Date: _____

What aspect(s) of the ALL IS WELL Retreat will be important to you?

Reminders: To confirm your week-end retreat, please send:

1. *The registration form*
2. *The medical & dietary form*
3. *A 50% deposit cheque*

To: Rob Taylor
1082 Kelson Road
MINDEN, Ontario
K0M 2K0