

Mirror Images
A Reflective Process for Change

APPLICATION for Mirror Images Retreat Program

Personal Information:

Name (Title, First, Last): _____

Home Address:

Street Address

City/Town State/Province Country Postal Code

() () _____
Home Phone Number Home Fax Number E Mail Address

Work Address:

Company Name: _____ **Your Title** _____ **Department** _____

Street Address

City/Town State/Province Country Postal Code

() () _____
Phone Number with Extension Work Fax Number Work E Mail Address

You may/may not contact me at my work address/phone/fax/E-mail. (Please circle responses.)

*****PLEASE WRITE a 3 OR 4 PARAGRAPH SUMMARY of your life story including 3 mountain top events and 3 valley events; as well as including your marital status and family information.**

Marital Status: _____ **Number of Children** _____

Present health concerns _____

Present Medications: _____

Special Dietary Allergies or Needs: _____

Enclose names of two individuals willing to give you referral references. Please include phone numbers or email address.

1. Name (Title, First, Last): _____

() _____
Home Phone Number E Mail Address

Your connection with this person: _____

2. Name (Title, First, Last): _____

() _____
Home Phone Number E Mail Address

Your connection with this person: _____

You will be notified as to the acceptance of your application either in person, by phone, fax, or e-mail
