

**HESED Guest Registration Form**  
**[www.hesedretreat.org](http://www.hesedretreat.org)**

Full Name: \_\_\_\_\_

Nickname (Name you go by): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:     M     F

Your Church: (Name and Denomination-optional) \_\_\_\_\_

Where employed: \_\_\_\_\_

In case of emergency, please contact:

    Name: \_\_\_\_\_

    Address: \_\_\_\_\_

    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

    Phone: \_\_\_\_\_

Do you need any special **diet** due to medical reasons?     Y     N

If yes, what special diet? \_\_\_\_\_

Do you have a **vision** impairment that is not corrected with eyeglasses or contact lenses?

Y     N

Will you need assistance getting washed and dressed in the morning and ready for bed at night?   Y    N

If yes, what type of help will be needed? \_\_\_\_\_

Do you have problems with communication?   Y    N

If yes, please circle the one(s) that best describes:

    mild speech impairment / uses 2-3 word phrases / able to say a few words /

    uses vocalizations and sounds / uses gestures and points /

    uses special system (communication board, etc.)

Do you have any other physical limitations that we should be aware of? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Would you be able to sleep in a top bunk bed if needed? Y N

Do you have any allergies to:  
\_\_\_ food \_\_\_ medication \_\_\_ insect bites \_\_\_ any other?  
Please list: \_\_\_\_\_  
\_\_\_\_\_

Are you on any medication that you will need assistance with or reminders for taking?  
Y N

If so, please complete the medication form. This is mandatory information for the safe organization of the retreat.

Your application signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Do we have permission to use any photos or videos of you in publications for HESED? Y N

If so, please sign here: \_\_\_\_\_  
Date: \_\_\_\_\_

Guest Fee: \$40.00

\_\_\_ Enclosed is my fee  
\_\_\_ I request a scholarship  
\_\_\_ Full \_\_\_ Partial

Please mail **this registration**, your **check** made out to “HESED”, and the **Medical form**  
To:

**Hesed (2010)**  
c/o Peggy Altman  
2705 Wycliff Rd.  
Raleigh, NC 27607  
KEYES@gregpoole.com