

# Application

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Emergency Contacts Details (Person, phone number)

\_\_\_\_\_

**Meal Needs or Limitations: Please indicate any food restrictions you may have for health or other reasons.**

\_\_\_\_\_

\_\_\_\_\_

**Special Requests: Please describe any special needs you may have. We do not guarantee to meet them.**

\_\_\_\_\_

\_\_\_\_\_

**Why I Want to Come (tell your story). Use as much paper as needed.**

## Commitment

I understand and accept that:

- ✓ I am responsible for showing up for the two weeks, physically and otherwise.
- ✓ I am responsible for fulfillment of the financial obligations of this program including tuition fees and all personal expenses, including travel expenses.
- ✓ I am responsible for bringing what I deem necessary in terms of personal supplies and equipment for each week.
- ✓ I am responsible for taking care of myself as an active member of the community.
- ✓ I am a student.

**No refunds are rendered for cancellation within one month prior to the first workshop.**

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Signature

Date

## Mail Application and Payments

Matthew and Carolyn Powers

N7050 Switzke Rd

Watertown, WI 53094

**If you have questions at any time, please contact us at**

414-458-3023, [matthew@naturepowers.net](mailto:matthew@naturepowers.net)

920-489-4110, [carolyn@naturepowers.net](mailto:carolyn@naturepowers.net)

**We look forward to being with your  
Healing Presence**